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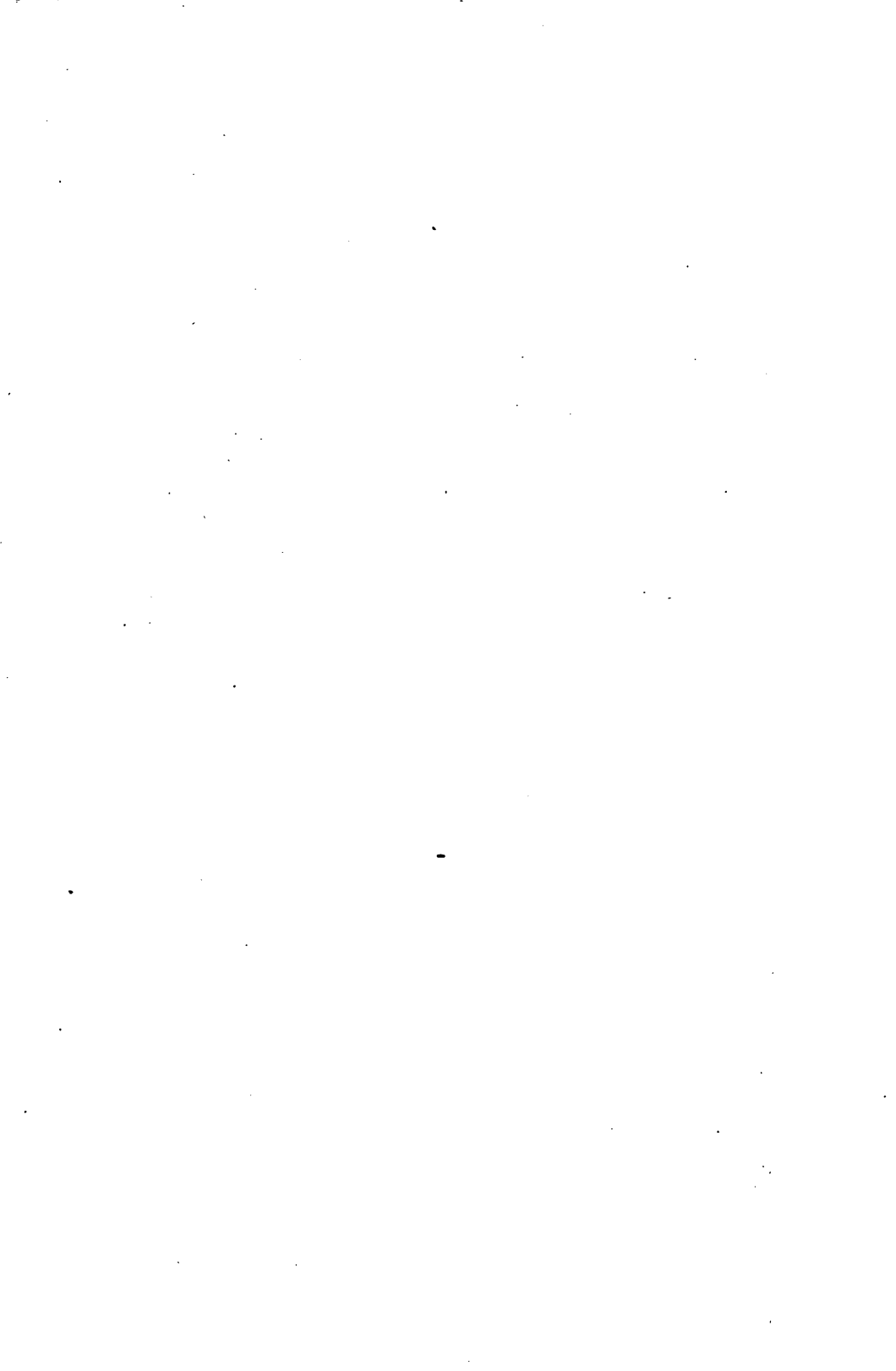
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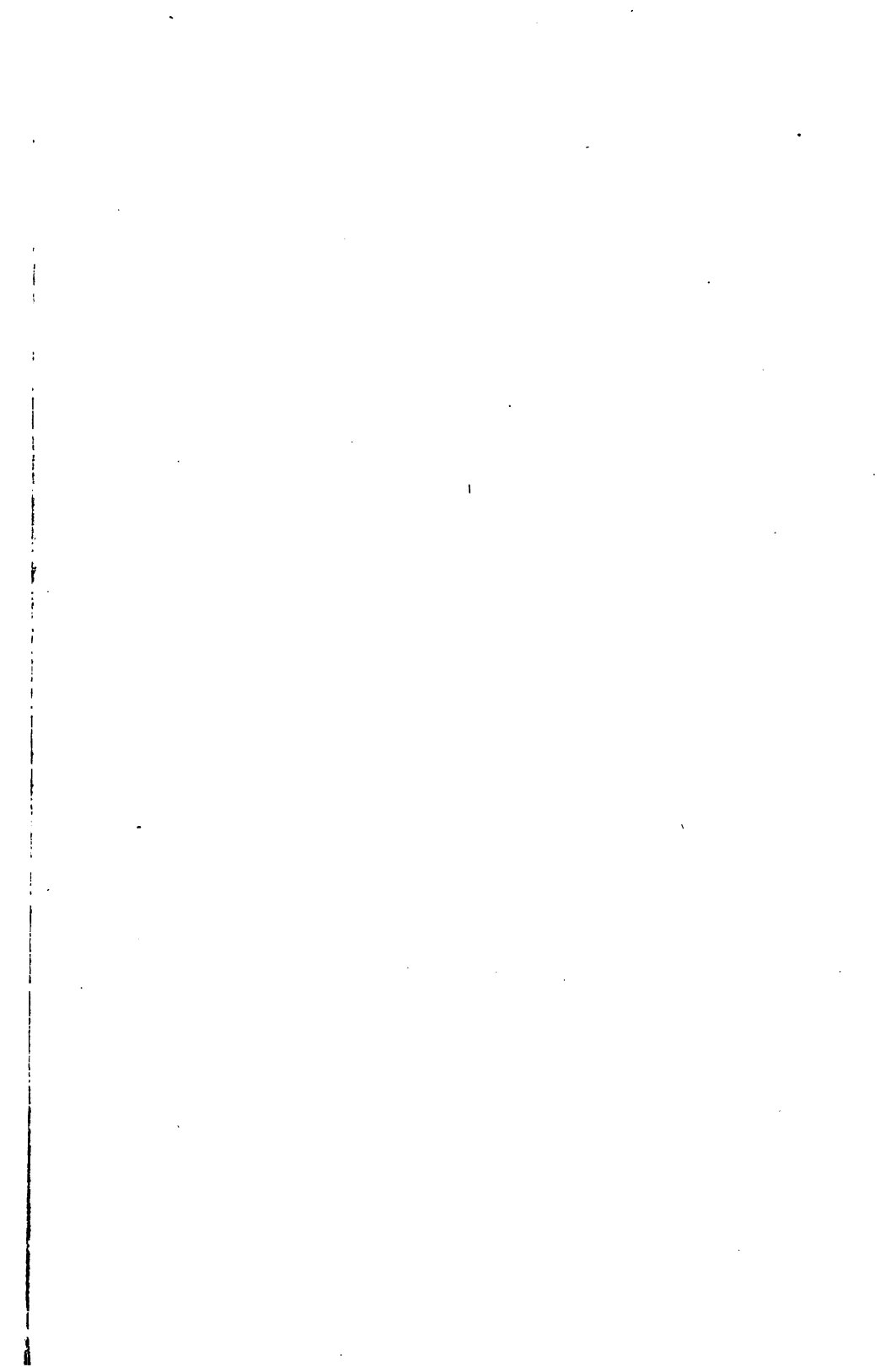
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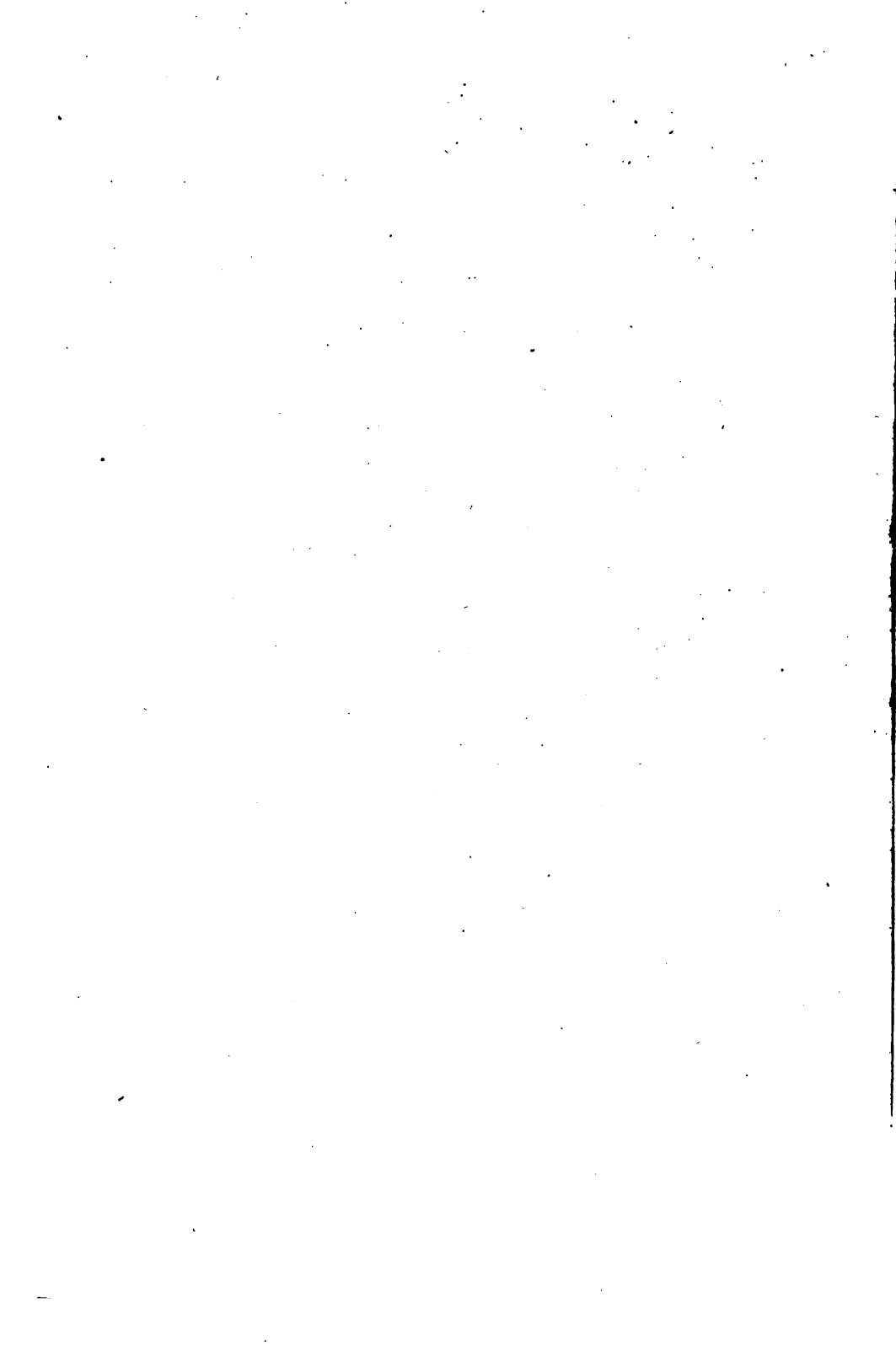
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THE ST. LOUIS
Medical and Surgical Journal.

VOLUME LXXIX.

JULY-DECEMBER, 1900.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
EDITOR AND PROPRIETOR.

ESTABLISHED 1843.

ST. LOUIS:
ST. LOUIS MEDICAL AND SURGICAL JOURNAL PRINT
1900.



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ILLUSTRATIONS TO VOLUME LXXIX.

| Fig. | Page. |
|---|-------|
| 1. Chancre of the Groin | 17 |
| 2. Chancre of the Groin | 18 |
| 3. Syphilis Complicated by Lupus Vulgaris..... | 67 |
| 4. Syphilis Complicated by Lupus Vulgaris. | 69 |
| 5. Example of Marked Tattooing..... | 178 |
| 6. Section of Tattooed Skin. | 179 |
| 7. Bunch of Needles to Tattoo | 181 |
| 8. Pre-Columbian Huacos Pot (front view)..... | 247 |
| 9. Pre-Columbian Huacos Pot (side view)..... | 247 |

INDEX TO VOLUME LXXIX.

A

- Abortive Treatment of Bubo, 272
 Absence of Pulmonary Artery, 52
 Accidental Vaccination of the Lip, 87, 269
 Action of Bacteria on the Photographic Plate, 209
 Acute Pharyngitis, 91
 African Remedy for Dysentery, 206
 Albuminuria in Young Men, 331
 Alopecia Areata, Norman Walker, 127
 Amyl Valerianate for Biliary Lithiasis, 35
 Anemia and Its Rational Treatment. W. E. Holland, 267
 Aneurism — A Report of Several Cases, Louis H. Behrens, 9
 Another Medical Crime, 79
 Antineuralgic Lotion, 326
 Aphroton, W. H. Vail, 309
 Artificial Food, A. Jacobi, 133
 Artificial Respiration in New-Born Children, Champneys, 161
 Ashmead, Albert S., Case of Leucoderma of Leprosy in a Japanese Subject, 250
 Ashmead, Albert S., On Diagnosis and Etiology of Beri-Beri, 131
 Ashmead, Albert S., Pre-Columbian Lupus (Uta) and Its Surgical Treatment, 233
 Ashmead, Albert S., The Japanese Disease "Matari-Kasa-Yamai," Was it Syphilis or Leprosy, 183

B

- Bacteriology and Histology of Ozena, 219
 Bed Treatment of the Acute Psychoses, 269
 Beginnings of Coxitis, 217
 Behrens, Louis H., Aneurism — A Report of Several Cases, 9
 Benign Stricture, 48
 Beta-Eucaine in Intraspinal Injection, 325
 Biggs, T. J., Rectitis; Blood, Cured 307
 Biggs, T. J., Splenic Anemia—Case Blood Cured, 248
 Bloodless Treatment of Congenital Dislocations of the Hip Joint. Adolph Lorenz, 125

Bolognini's Sign in Measles, 40

BOOK REVIEWS:

- Annual and Analytical Cyclopædia of Practical Medicine, Sajous, 54
 Brain in Relation to Mind, Christison, 285
 Bulletin Howard Medical Alumni Association, 343
 Cancer of the Uterus, Cullen, 169
 Clinical Examination of Urine, Scott, 59
 Contributions from the William Pepper Laboratory of Clinical Medicine, 110
 Dictionary of Medicine, Duane, 172
 Diseases of the Eye, Nettleship, 115
 Diseases of the Stomach, Hemmeter, 171
 Essentials of Medical and Clinical Chemistry, Woody, 167
 Eye, Ear, Nose, and Throat, Ballinger and Wipperf, 337
 "Festschrift" in Honor of Abraham Jacobi, M.D., LL.D., 168
 Forty Years in the Medical Profession, Black, 115
 Heart Disease in Childhood and Youth, Chapman, 284
 International Clinics, 166, 339
 Laboratory Directions for Beginners in Bacteriology, Moore, 230, 284
 Manual of Clinical Diagnosis, Simon, 111
 Manual of Hygiene and Sanitation, Egbert, 340
 Manual of Materia Medica and Pharmacology, Culbreth, 335
 Manual of Obstetrical Technique, Cooke, 59
 Manual of Operative Surgery, Stimson and Rogers, 114
 Manual of Otology, Bacon, 281
 Manual of Pathology, Coplin, 170
 Manual of the Diseases of the Eye, May, 337
 Medical Diagnosis, Da Costa, 167
 Medical Diseases of Infancy and Childhood, Williams, 226
 Medical News Visiting List, 342
 Normal Histology, Dunham, 55

INDEX.

v

Book Reviews—Continued.

C

- Obstetrics, Evans, 336
- Physical Signs in Pulmonary Disease, Steell, 285
- Physician's Manual of Therapeutics, 287
- Practical Gynecology, Montgomery, 282
- Practical Treatise on Fractures and Dislocations, Stimson, 280
- Practical Treatise on Genito-Urinary and Venereal Diseases and Syphilis, Taylor, 278
- Practical Treatise on Medical Diagnosis, Musser, 334
- Practical Treatise on Sexual Disorders of the Male and Female, Taylor, 57
- Practical Urinalysis and Urinary Diagnosis, Purdy, 173
- Progressive Medicine, 112, 125
- Report of Department of Public Health of Newark, N. J., 343
- Stringtown on the Pike, Lloyd, 338
- Student's Medical Dictionary, Gould, 283
- Studies of the Psychology of Sex, Ellis, 227
- Surgical Anatomy, Deaver, 109
- Text-Book of the Medical Treatment of Diseases and Symptoms, Tirard, 58
- Text-Book of Practical Medicine, Thompson, 165
- Text-Book of Practical Therapeutics, Hare, 56
- Transactions of the American Ophthalmological Society, 338
- Transactions of the American Otolological Society, 339
- Transactions of the Medical Society of the State of New York for the Year 1900, 227
- Transactions of the Southern Surgical and Gynecological Association, 173
- Treatise on Appendicitis, Deaver, 113
- Treatise on Diseases of the Nose and Throat, Shurly, 279
- Treatise on Mental Diseases, Berkeley, 277
- Use of the Sphygmograph in Clinical Medicine, Steell, 285
- William R. Warner & Co.'s New Therapeutic Reference Book, 287
- Brazilian Twins, The, 308
- Care of Ear in School Children, 331
- Care of the Hair, 212
- Carious Teeth, 326
- Caroid in the Removal of Tattoo Marks, A. H. Ohmann-Dumesnil, 177
- Case of Congenital Laryngeal Obstruction, 50
- Case of Congenital Macroductylism, 107
- Case of Epilepsy Cured by Operation on Nose, 99
- Case of Hatpin in the Urethra, 102
- Case of Leucoderma of Leprosy in a Japanese Subject, Albert S. Ashmead, 250
- Case of Mould Infection in Man, 209
- Case of Persistent Verrucous Urticaria, 96
- Case of Polyductylism, 221
- Case of Retinitis Circinata, 273
- Case of Ulcerative Colitis, T. J. Biggs, 195
- Cause of Cancer, 38
- Causes of Generalized Infections by the Gonococcus, A. H. Ward, 156
- Cerebral Complications in Whooping Cough, 32
- Cesarian Section as Prophylactic in Eclampsia, 327
- "Christian Science" in Illinois, 108
- Chronic Constipation, 268
- Civilization of Benighted Germany, 148
- Cleanliness in the Sick Room, 268
- Clinical Study of Myocarditis, 91
- Close Relation Between the Nasal and the Cranial Cavities as a Cause of Brain Disease, 46
- Closure of Artificial Anus of More Than Three Years' Duration, 223
- Color-Blindness, New Points in, 330
- Compulsory Vaccination, 81
- Congenital Absence of the Trachea; Specimen, 275
- Congenital Cystic Kidney, 106
- Congenital Cystic Kidney in the Adult, 49
- Congenital Luxation of Hip Joint, 223
- Congenital Syphilis, 105
- Conservative Operations in Renal Retention, Christian Fenger, 153
- Contribution to the Statistics and Treatment of Umbilical Infection, 208

Credit to Whom Credit is Due, 202
 Creel, Milton P., Treatment of Catarrhal Conjunctivitis, 82
 Creel, Milton P., Treatment of Tonsillitis, 69
 Cured Retinal Detachment; with Remarks on Retinitis Striata, 218
 Curious Mysterical Disturbances of Vision, 47

D

Damages of Ten Thousand Dollars for Dog's Bite, 53
 Delaying Message to Doctor, 224
 Dermatomyositis, 40
 Diagnosis of Pneumonia, 31
 Differential Diagnosis of Organic and Hysterical Hemiplegia, David Ferrier, 190
 Diprosopus, A, 108
 Disreputable Trick, A, 344
 Doctor as a Liar, The, 27

E

Effects of Close Shaving, 265
 "English as She is Spoke" by the Scholarly Editor of "Lepra," 149
 Epidermolysis Bullosa Hereditaria, 98
 Experience with Tannigen, 89
 Experiments on Malaria, 23
 Epilepsy, 34
 Essential Features that Constitute Antiseptic, Germicide, Etc., W. H. Vail, 297
 Exit 1900, 323
 Extra-Uterine Pregnancy with Retention of Fetal Bones for Seventeen Years, 270

F

Facial Erysipelas, 91
 Fistula in Ano, its Relation to Phthisis, 332
 Five Cases of Complete Forward Dislocation of the Knee Joint Occurring Simultaneously, 217
 "Floaters" in the Urine, 216
 Fortoin; A New Cotoin Preparation, 34

G

Glaucoma in Myopia, 218
 Gonorrhea and Syphilis in Regard to Sickness and Life Insurance, 87
 Guiteras, Ramon, Use of Mercuriol, a New Remedy in Urethritis, 255

H

Hatpins in the Male Urethra, 145
 Hair-Eating Children and Convulsions, 85
 Henry, Wm., Phthisis Pulmonalis, 77
 Hereditary Degenerates, 231
 High Myopia, 44
 Hills are Green Far Away, 30
 "Hoffentilch, is das Ashmead's Letzes Wort," 84
 Holland, W. E. Anemia and its Rational Treatment, 257
 Human Hematolysin, 92
 Hyperchlorhydria, 325
 Hyrgolum, 89

I

Important Tips, 88
 Impotentia Virilis, 215
 Imputing Adultery to Physician, 53
 Infarcts of the Placenta, 93
 Insanity of Married Women—Delusions of the Infidelity of the Husband, 274
 Internal Antisepsis, R. W. Wilcox, 302
 Internal Treatment of Cystitis, 46
 Intestinal Catarrhs of Children, 163
 Iodide of Potassium in the Treatment of Acne, 97

J

Japanese Disease, "Mitari-Kasa-Yamai" (of 806-809 A.D.)—Was it Syphilis or Leprosy? Albert S. Ashmead, 183

L

Lanphear, Emory, Shall the Specialist Divide the Fee with the General Practitioner, 22
 Laparotomy for Retroversion of Gravid Uterus, 95
 Lepers in France, 198
 Leprosy in Germany, 268
 Lesions Produced on Man by the Projectiles of Reduced Caliber, M. L. A. LaGarde, 160
 Letter from the Philippines, 25
 Liability of Parent, 108
 Lymphatics of the Lung, 36

M

McDonald, John, Value of the Vegetable Digestive Ferment in Treatment of Chronic Alcoholism, 121
 Mammary Cancer, 37
 Massage in Skin Diseases, 273
 Mechanism of Agglutination, 163

Medical Act for Missouri, 92
 Medicine as a Profession, 200
 Menthol Vinegar, 326
 Mixing Up Babies, To Prevent, 344
 Modern Medical Literature, 182
 Modern Surgical Treatment of Hemorrhoids, 48
 Mold, New Pathogenic, 326
 Monster by Deficiency, 51
 Monstrosity, A Peculiar, 333

N

Nature of Tendon Reflexes, Sherrington, 197
 Nerves of Hair, 99
 New Army Stretcher, 83
 New Local Anesthetic for the Ear, 206
 New Method of Performing Perineal Prostatectomy, 45
 Non-Tabetic Lesions of the Posterior Column, M. Bruce, 187
 Non-Tabetic Lesions of the Posterior Columns of the Spinal Cord, Ch. L. Dana, 162
 Number of Registered Physicians in the United States, 23
 Nutrition in Severe Gastro-Intestinal Diseases, 31

O

Ohmann-Dumesnil, A. H., Caroid in the Removal of Tattoo Marks, 177
 Ohmann-Dumesnil, A. H., Syphilis Complicated by Lupus Vulgaris, 65
 Ohmann-Dumesnil, A. H., Twenty-five Cases of Extragenital Chancre Observed in 1897, 1898 and 1899, 289
 Ohmann-Dumesnil, A. H., Two Cases of Chancre of the Groin, 16
 On Diagnosis and Etiology of Beri-Beri, Albert S. Ashmead, 131
 Operation for Imperforate Anus, 275
 Our Pretended Anglo-Saxon Origin, 84

P

Pan-American Medical Congress, 79
 Pancreatic Surgery, Mayo Robson, 136
 Parasitic Origin of Eczema, James Galloway, 141
 Pathogeny of Gout, Sir Dyce Duckworth, 155
 Pathological Anatomy of Idiocy, G. E. Shuttleworth and F. Beach, 192
 Peculiar Fracture of the Os Calcis, 271
 Petrified Man, The, 249

Phthisis Pulmonalis, Wm. Henry, 77
 Physiological and Therapeutical Action of Digitalis and of its Active Principles, Sir Lauder Brunton, 159
 Physiological Effects of Extracts of Ductless Glands, 204
 Placenta Previa with Twins, 209
 Popular Superstitions Relative to Menstruation, 140
 Pre-Columbian Lupus (Uta) and Its Surgical Treatment by Amputation of Nose and Upper Lip, as Represented on the Huacos Pottery of Peru, Albert S. Ashmead, 233
 Press and "Heathen" Medical Science, 24
 Private Libraries, 296
 Privileged Communications, 52
 "Profiteers" of Christian Science, 344
 Prohibiting Street Association with Prostitutes, 276
 Prolapse of the Anus in Infants by the Introduction of Suppositories of Ice into the Rectum, 104
 Prolapsus of Rectum, 164
 Prolific Family, 62
 Proper Dosage of Remedies, 266
 Prophylactic and Curative Action of Urotropin, Dr. Zandy, 316
 Pultaceous Sore Throat in Children, 211

R

Rabies in New York City, 205
 Ready for Business, 322
 Rectitis, Blood Cured; T. J. Biggs, 307
 Remarkable Case of Superfetation, 41
 Remote Results of Sanguinary Intervention in Urethrosthenosis, Reginald Harrison, 146
 Right of a Hospital to Discriminate, 334

S

Scientific Diagnosis, 85
 Scorbutus an Infectious and Contagious Disease, Is? 205
 Shall the Specialist Divide the Fee with the General Practitioner? Emory Lanphear, 22
 Significance of the Stool in Infant Diarrhea, 210
 Skin Symptoms of Diabetes, 103
 Slipperiness of Latin, 199
 Sodium Phosphate in Urticaria, 269
 Some Fallacies as to Syphilis, 212

Some Notes on the Use of Mercuriol;
a New Remedy in Urethritis, Ra-
mon Guiteras, 255
Some Scintillating Features Regard-
ing the Therapeutics of Eczema,
Wm. Hooker Vail, 259
Splenic Anemia; Case; Blood Cured,
T. J. Biggs, 248
Staining an Anal Fistula Previously
to Operation, 104
Studies in Iodoform, 33
Surgical Hints, 41, 95, 211, 329
Syphilis, 43
Syphilis and Associated Infection,
L. Duncan Bulkley, 158
Syphilis Complicated by Lupus Vul-
garis, A. H. Ohmann-Dumesnil,
65
Syphilitic Infection and Treatment,
44

T

Tarnier's Monument, 203
Teetotal Prescription, 315
Temperature of Human Body, 308
Therapeutic Hints from the *Medical
Record*, 207
Thirteenth International Medical
Congress, 151
Three-Barrelled Penis, 102
Three-Months Infant with a Caudal
Appendage, 222
Toe-Finger, Another, 308
Treatment of Acute Laryngitis in
Children, 219
Treatment of Anal Fissure, 104
Treatment of Catarrhal Conjuncti-
vitis, Milton P. Creel, 82
Treatment of Pneumonia, 31
Treatment of Pott's Disease After the
Deformity Has Been Developed,
M. Bradford, 152
Treatment of Pruritus Ani, 105
Treatment of Purulent Ethmoiditis,
F. H. Bosworth, 156
Treatment of Scabies, 42
Treatment of Tonsillitis, Milton P.
Creel, 80
Treatment of Torticollis, 101
Treatment of Whooping Cough, 271
Toxemia of Pregnancy, 94
Twenty-five Cases of Extra-Genital
Chancre Observed in 1897, 1898 and
1899, A. H. Ohmann-Dumesnil, 289

Twenty Per Cent. Cash, 81
Twin Pregnancy; Prolonged Sojourn
of Second Fetus in Utero, 93
Two Cases of Chancre of the Groin,
A. H. Ohmann-Dumesnil, 16
Two Cases of Self-Castration, 220

U

Unexpected Honor, 203
Unpalatable Drugs Made Palatable,
90
Urticaria, 326
Use of Hydrozone and Glycozone in
Gastric and Intestinal Disturban-
ces, W. H. Vail, 252

V

Vaginal Hysterectomy, 38
Vail, W. H., Aphroton, 309
Vail, W. H., The Essential Features
that Constitute a Potent and Effi-
cient Antiseptic, Germicide, Etc.,
297
Vail, W. H., Use of Hydrozone and
Glycozone in Gastric and Intestinal
Disturbances, 252
Vail, William Hooker, Some Facts
Regarding Therapeutics of Ec-
zema, 259
Value of the Vegetable Digestive
Ferment in the Treatment of
Chronic Alcoholism, John Mc-
Donald, 121

W

Well Done, 324
Why Chinese Eat Rats, 258
Wilcox, R. W., Internal Antisepsis,
302
"Wild Hairs," 100
Women in the British Association,
203
Would-Be Doctor, 62

X

X-Rays in Lupus, 328

Z

Zandy, Dr., Prophylactic and Cura-
tive Action of Motropin, 316

6025



THE ST. LOUIS Medical and Surgical Journal.

Whole No. 715.

VOLUME LXXIX.—JULY, 1900.—No. 1.

ORIGINAL COMMUNICATIONS.

ANEURISM.—A REPORT OF SEVERAL CASES.

BY LOUIS H. BEHRENS, OF ST. LOUIS.

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It may not be out of place here to review gravely the structure of an artery such as we are about to consider.

As is well known, an artery is made up of three coats or tunics, viz.: the intima or endothelial, media or muscular and elastic, and the externa or external cellular coat.

The tunica intima is composed of pavement epithelium and cells of various types, having a fenestrated elastic membrane. The coat is proportionately thickened according to the size of the artery, which is especially marked in the aorta, where it is found much so.

The tunica media has a circular arrangement of its muscular fibres, also the elastic, which assist in its formation, they being found abundantly in the aorta and less in number as we leave the heart along the arterial tract. As the blood is forced from the heart during the systole, a distention of these fibres is produced, and necessarily contraction must follow in order to assist the blood current onward, the greatest force falls upon the aorta, very pronounced in the first part; the power required to resist and propel is found in the middle coat, and therefore the necessary thickening due to the numbers and increase in strength of the elastic fibres is very perceptible, while in the smaller arteries this

extraordinary demand is not made upon them for work, hence diminution of these fibres; while in the very small arterial tracts they are absent, the muscular being predominant.

The tunica externa or adventitia is composed of some elastic fibres in the larger arteries which are absent in the smaller. In the larger vessels this coat is thin, becoming relatively thicker in the smaller arteries, more so than the media and is made up largely of muscular fibres.

So much then for the structural consideration of the normal artery.

Now, when through some congenital or acquired weakness, one or more of the arterial tunics give way, a distention or dilation at the point of least resistance is the result, the tumefaction assuming a certain form (accordingly classified) gradually increasing in size, involving one or more of the coats, using the same as its covering, depending upon the shape and locality of the enlargement. This tumor contains blood and communicates with the artery, and is styled an aneurism.

As I have just stated, some congenital or acquired defect must exist, we will dismiss the former as a cause, as it is rare so far as we are aware. The latter cause then being considered, a few of the specific or constitutional diseases as etiological factors in producing degeneration of the tunics may be grossly reviewed.

One questioning upon observing an aneurism is along the line of syphilitic, rheumatic, alcoholic, nephritic, diabetic, or gouty history, suggesting to our mind arterio-sclerosis, which has then reference to degeneration and inflammatory disease of the vascular system with secondary fibrin changes in other organs. The degeneration may remain confined to a definite region in the arterial tract or become general in the vascular system.

In the earlier stages of arterio-sclerosis, when degeneration of the media has occurred and before compensatory thickening of the intima has taken place through favorable exciting causes, aneurism is liable to develop, the determining factor being some severe strain or exertion which raises the blood pressure and at the diseased (the point of least resistance) a dilatation of greater or less degree is the result. The patient at times is aware of a "giving way" of something, and often this is the first indication of beginning aneurism in the thoracic region.

The changes in the tunics in the beginning of degeneration may

be defined grossly as being about so. Köster says that we first have the infiltration surrounding the *vaso vasorum* of the media and adventitia, the muscular fibres of the media undergo hyaline and fatty change, after which the sub-endothelial tissue of the intima proliferates and produces the sclerotic plates which are plainly seen in post-mortem, hyaline in appearance. This sub-endothelial thickening may be regarded as a compensatory effort to offset the weakness due to this alteration in the media and adventitia and also to preserve the lumen of the vessel. Sometimes the muscular fibres of the media are fatty and necrotic, so that the identity of muscular tissue is lost.

Arterio-sclerosis is commonly found in the aorta, most prominent and more frequently in the ascending part of the arch and diminished progressively as we leave this portion.

Then, with this pathological condition of the artery, demands are made upon the heart muscle to perform an extra amount of work, the resiliency of the artery being less; hence its inability to assist in forcing the blood current onward. Naturally hypertrophy of the left ventricle is the result of this demand for overwork, the heart's force being then greatly increased compared to the weakness of the arterial tunics. Aneurism is the sequence in many cases.

The information just cited will perhaps give an idea of the area involved mostly; 75 per cent. of all aneurisms are found in the thoracic artery, 50 per cent. of which are in the ascending portion, one-fourth or more in the transverse, one-eighth in the descending part; and with greater infrequency the innominate and subclavian arteries are involved. The farther from the heart the lessening infrequency of aneurism is noted.

Aneurisms are classified into tubular or fusiform, sacculated, dissecting, arterial varix, cirroid, and other uncommon forms.

Age has its influence, as between the 30th and 50th years the arteries lose their elasticity to some degree, while the heart's force is the same. Therefore in the young aneurism is exceedingly rare.

Occupation requiring exertion is prone to cause aneurism when previous arterial degeneration exists. I recall two cases seen at my clinic at the Washington University, Medical Department, in which this was well demonstrated.

One was a hod-carrier, aged 62; the other an iron worker, aged 52.

The former was ascending a ladder with a hod of mortar, weighing 200 pounds or more. Upon making an extraordinary reach for the top rung of the ladder he felt pain and something give way (as he expressed it) over the sternum, and had to stop work. He supposed he had strained his chest. Several days later a probable aneurism was diagnosed in the ascending part of the aorta which became very marked and all symptoms of pressure attendant, and later the expansile tumor presented. The valves were all leaking and the heart becoming typically a *cor. bovinum* and tumultuous, tracheal tugging was manifest, and within a short while and after much suffering dissolution resulted.

The other patient was lifting some ironware from a deep barrel. He felt a pain over the sternum, not so severe, but lasting several days. He gave it very little attention for some time, came to the clinic, and examination showed marked dilatation over the ascending and transverse part of the arch. The radials were in the beginning stages of arterial degeneration.

Both cases gave a history of rheumatism dating back several years.

Among the types due to trauma, I desire to mention one I observed during my time as interne at the City Hospital.

Patient's age was 31; attempted suicide with a large knife; it seems that he had penetrated the carotid on the right side just sufficiently to materially weaken the outer and possibly the middle coat. The arterial wound was not noticed; the large gaping wound of the neck was sutured and healed by first intention. The dressing was left on several days. Upon its removal, a small expansile tumor was noticed, which developed to about the size of a duck egg within six or eight weeks. He refused to undergo the operation of ligation of the artery and left the hospital, nothing being heard of him afterwards.

At our regular meeting several weeks ago, some of you gentlemen will remember the case of subclavian aneurism that I presented before this Society, and for the benefit of those who were not present I will again give its history.

E. T., age 36, married, occupation laundress. About fifteen years ago had an attack of acute inflammatory rheumatism. Was bedridden for several months, with no apparent trouble except occasional twinges imitating rheumatism.

She contracted syphilis about nine years ago, for which she

was treated in a way. About one year ago, while performing heavy work, as lifting and ironing, she experienced pains over the left supra-clavicular region, extending to the post cervical and over the shoulder. Soon a small expansile tumor was observed, which enlarged rapidly and became progressively and constantly painful, the pain becoming more paroxysmal during night, and as the tumor enlarged much distress was felt down the arm and forearm, with marked edema later of the same.

Examination revealed an aneurism of the subclavian, second part, easily diagnosed at this time, besides a heart that is much hypertrophied and leaking in the tricuspid, mitral and aortic valves, and double murmurs in each.

I recall a similar case in which pain and expansibility were not so well marked, in which a diagnosis I might add very ignorantly was made of abscess, and the patient was ordered to poultice the same and return next day and have same incised. Fortunately the patient feared the knife and did not return.

I also have the records of three cases in which it was impossible to obtain a previous history of any disease that would tend to weaken the arterial walls—all were subclavian aneurisms.

One occurred in a laborer after a siege of hard work; another two years after the patient had fallen on the right shoulder; the third one with a history just as vague. All were males over 40 years of age.

It is to be noted then that age, occupation, sex, specific and venereal disease play important parts as predisposing factors.

When a case presents itself with all signs and symptoms so clearly defined, no special diagnostic acumen is necessary to make a proper diagnosis in those arteries that may be readily felt.

But when the arch of the aorta is involved, one is often non-plussed, and just what we have to contend with is observed at a time too late to be of much benefit as regards the treatment. We need much in the way of new pointers in making an early diagnosis. There is no doubt of the possibility that our advice and treatment would in many cases be of some service.

In the two first cases I report in this paper, I mention the sense of giving way and pain felt by both on an attempt at over-exertion, and the *New York Medical Journal*, just received (Feb. 24), contains an article on the editorial page entitled, 'Some Early Symptoms of Thoracic Aneurism,' which is an ab-

stract from a paper written by Dr. A. S. Eccles, which contains most valuable information.

The first patient, being a physician, diagnosed the nature of his malady as aneurism by the excruciating pain in the upper chest and right shoulder, and by a fear that would come over him when riding, causing palpitation, and especially noted whenever resting in a barber's chair with head tilting back, which would cause increased cervico-brachial neuralgia.

The other patient sought advice for neuralgia of the right arm and extreme nervousness when traveling, which at times necessitated his quitting the train at some way station to rest from this sensation. When shaving he felt sick and faint; a heavy overcoat caused burning over the seventh cervical vertebra, which was found extremely tender on pressure.

The other two cases reported were brothers. Pain was felt in both cases when throwing the head back; also between the shoulders, and attacks of vertigo when exerting themselves. In none of these cases were the patients excited over heart disease or great vessels. The pain is distinct after exertion, the pressure symptoms marked before perceptible tumefaction had begun. The pain radiating down the arm and upper chest and between the shoulder, simulating a neuralgic attack, a sense of fatigue, vertigo, head bent back attendant with above symptoms, should arouse our suspicions. This advice is given by Dr. Eccles in the *West London Medical Journal*, and confirmed by Drs. Gee, Lander, Brunton and Hall.

After an aneurism of the thoracic aorta has progressed it is difficult to promise how much effect treatment will have. Some satisfaction exists in forming some conclusions as to the location of the tumor.

Aneurism of the ascending aorta most often involves the right anterior wall of the vessel and projects forward to the sternum, and may absorb it and the cartilages of the ribs on the right side. The tumor pulsates, is expansile, at times enlarged, the veins are noted in the skin; on palpation we can feel buzzing or whizzing; the radial and carotid pulses are usually smaller on the right than on the left. Also attendant insufficiency of the valves with hypertrophy, heart may be displaced to left, and at times pressure on the recurrent nerve exists.

The transverse aorta lies on the trachea esophagus and thoracic

duct; the recurrent laryngeal nerve winds around it. The usual site is the right aspect of the transverse arch. It may press upon the trachea and cause cough upon respiratory effort. The pressure upon the laryngeal nerve causing husky voice simulating edema of the glottis, and the interference to the blood current be such in the innominate, carotid and subclavian of the left side, causing diminished pulse volume. It may appear as a tumor in the right or left bronchus, close to the trachea, this part being directed to the left and backward the same as the aneurism itself. Pain over the back between the shoulders and radiating around the chest is almost a constant symptom, depending upon the pressure of a tumor on the nerves. Pulse in abdominal aorta is delayed. Pressure on left bronchus and lung may occur.

Aneurism of innominate produces symptoms similar to those of aneurism of the ascending aorta, all pointing higher up on the chest.

The Atlantic City Meeting.—The fifty-first annual meeting of the American Medical Association, in session at Atlantic City, N. J., June 5 to 8, has proved to be one of the most successful in the association's history. The sections were all well patronized and did excellent work. Registration up to the evening of June 6 (time of going to press), was over two thousand. The Senn medal was awarded to Dr. F. Gregory Connell of Chicago, and the association medal to Dr. A. L. Benedict of Buffalo, N. Y. The newly-elected officers are: President, Charles A. L. Reed, Cincinnati; Vice-Presidents, A. W. Calhoun, Georgia; A. A. Woodhull, Denver; Philip Marvel, Atlantic City; and Wm. E. Quine, Chicago. The newly-elected trustees are: J. M. Mathews, Louisville, Ky.; E. F. Ingals, Chicago; W. L. Rodman, Philadelphia; and M. F. Porter, Fort Wayne, Ind. At the 1901 meeting the Oration in Surgery will be delivered by Dr. John A. Wyeth, New York City; the Oration in Medicine, by N. S. Davis, Jr., Chicago; the Oration in State Medicine, by Dr. George M. Kober, Washington, D. C.

The next meeting will be held at St. Paul, Minn., and a good meeting is already anticipated.

TWO CASES OF CHANCER OF THE GROIN.*

BY A. H. OHMANN-DUMESNIL, OF ST. LOUIS.

Philippe Ricord, whose name is one of, if not the most, illustrious in the annals of syphilology, pronounced the dictum: "In every case of syphilis look for the chancre." He further stated that no case of syphilis could exist without chancre, and that if the search was prosecuted with sufficient patience and pains the chancre would be found, if not upon the genitals, somewhere else. It was his insistence upon this point which led to the finding of so many extra-genital chancres since that memorable epoch to this day. It was this and other teachings of his which awakened the medical profession to a realization of the necessity not only of being more careful in examinations of suspected syphilitics, but of confirming the fact if such it was that the disease really existed in a patient. It was this persistent search for the initial lesion which led Ricord to discover the urethral chancre, and thus overturn Bell's contention that gonorrhea could be the origin of syphilis.

The fact of never having lost sight of the injunction of the celebrated syphilographer led me to always search for the primary helkosis, and for this reason, in all probability, I have had an opportunity of seeing quite a considerable number of extra-genital chancres. The two cases which I propose to describe were seen within a comparatively short time of one another, and possess each one a certain amount of interest apart from the locality implicated. These various points, as well as the frequency with which the chancre in this locality is observed, will form the basis of a few observations upon the completion of the recital of the cases to which allusion has been made. In view of the fact that the cases are but two in number, it would be superfluous to attempt anything in the way of statistics; but they may prove of sufficient interest to incorporate with those already published. The cases are as follows:

CASE 1.—Chas A., single, 25 years of age, is a well-developed man of medium height and fairly well-muscled. He is a laborer by occupation and of temperate habits, using tobacco and intoxicants in moderation. He states that his parents are living and healthy. He is ignorant of what his grandparents died. His

*Read before the Missouri State Medical Association, May 15, 1900.

brothers are living and in good health. He has always enjoyed good health. He has had some of the diseases incident to childhood. He remembers being told that he had measles, whooping-cough and scarlatina. But he never had a serious affection.

Two months before he came under my observation he states that he had intercourse with a woman whom he suspected afterwards. She was a prostitute, and he thought that she was "unhealthy." She persisted in turning her back to him as they lay in bed. Three weeks after the intercourse a "sore" appeared in his right groin. It was not painful, but it would not heal under ordinary treatment. At the time I saw him, two months after intercourse, there existed a papular syphilide over the body. It was more apparent on the back. The case was undoubted.

An examination of the case shows that the chancre has persisted, owing to the lack of proper treatment. The chancre, as seen, is ovalish in form, its long diameter being more or

less parallel with Poupart's ligament. Its size is about one and a half inches. It is located about four inches from the root of the penis. There was a marked induration present, and no pain could be elicited upon pressure. The glands in the groin were apparently not involved; for, whilst somewhat en-

larged, they did not present that induration which is so characteristic of syphilitic adenopathy. The specific treatment which was inaugurated produced rapid improvement in the chancre and the eruption.

CASE 2.—Stella W., aged 9, is a little girl, all of whose habits are good. Her father and mother are dead, and she is living with her stepfather and stepmother. She has never had any illness before. On account of her peculiar family relations no definite family history or personal history can be obtained.

The history of the present trouble is given as follows: The child was near a market house picking up potatoes when a man came up and told her that there were some better potatoes in a near-by alley. She went there and the man followed her. Then, placing his hand over her mouth to prevent her screaming, he attempted to criminally assault her. The next day her genitals began to burn, and the following day six sores, each about the size of a dime, appeared. The patient was not seen until two weeks later. Upon examination the hymen was found intact and the urethra and ostium vaginae appeared red and irritated. The urethra was puffy and a slight muco-purulent discharge oozed from it.

Further examination developed the fact that there existed condylomata of the vulva which had the odor characteristic of the syphilitic form. They were moist and somewhat painful on pressure. No trace of a primary lesion was in evidence in this neighborhood. A search led to the discovery of the chancre, which was located in the left groin rather high up. The lesions observed are shown in Figure 2. The chancre was a little larger than a silver dime, and distinctly indurated. No indurated lymphatic glands could be made out in the groin. Mercurial inunctions were ordered, and, after six had been made, the condylomata had disappeared without any local treatment. The chancre was markedly improving.

Among the interesting points to which the two cases draw attention is the unusual location of the initial lesion. In taking a cursory glance at a few of the better works on syphilis, and such as devote some attention to extra-genital chancres, the accounts are found to be very unsatisfactory. Thus Charles Mauriac,¹ in a list of 2,065 chancres, does not note among the localities attacked one case where the groin was the seat. Melchoir Robert² does not mention it in 202 cases of extra-genital chancres. L. Duncan Bulkley³ has gathered statistics of 9,058 cases, but in none of them is there one chancre of the groin. E. lang,⁴ James S. Howe,⁵ Hyde and Montgomery,⁶ and White and Martin⁷ do not note this locality. I will not continue to note the authors who have been consulted nor the journal articles read without result. The only author whom I have found to mention chancre of the groin is Julien,⁸ and even here the information given is of the most indefinite character. In summing up the various statistics

which he gives, out of 3,929 cases of chancre, the statement is made that eight were of the thigh, the groin, and the genito-crural fold. How many of either there were is not mentioned. Taking all these various experiences, it may be safely concluded that chancre of the groin is, to say the least, a rare lesion. The only representation of a similar lesion I have seen is in the work of Julien⁸ on page 551. This is an engraving representing a large oval chancre in the right inguinal region, and the drawing was made from a moulage in the collection of Dr. P. Horteloup. The chancre is situated rather low, but could be easily identified as one of the lower part of the abdomen.

It may not be uninteresting, in this connection, to give the history of a case of chancre of the groin by Dr. Wm. H. Righter.⁹ The history as given by him is as follows:

Mr. B. came to me Oct. 23, 1890, with a sore on the left groin. He informed me that he had had sexual intercourse with a woman in Kentucky, and although his penis remained healthy he contracted a sore on the groin, and he took the woman to a physician, and after an examination he found a chancre in the vagina. My friend being alarmed at such a condition of affairs, he came to Topeka to consult me in the matter, and I diagnosed a chancre of the groin; cause unknown, there being no urethritis present. Dec. 7th the patient has a typical secondary syphiloderma.

Whilst this case possibly adds one more to the list of cases of this peculiar form of extra-genital chancre, it is so incompletely and inadequately reported that it possesses but little value.

Another interesting point in connection with the two cases given above is as to the manner in which the inoculation occurred in each one. In case 1 the patient states that the woman turned her back upon him and rubbed her buttock, upon which she had a pustule, into his groin. This easily accounts for the infection; more especially as he confessed to not having washed himself for two or three days after having the pus of the infecting pustule put upon his skin. In case 2 the history is not as explicit as in case 1, but it is most probable that the brute in human shape who attempted to rape an innocent child in his erotic furor struck the child in the groin with his infected virile member, and in that manner inoculated her. Whilst these inoculations are perhaps somewhat obscure, the evidence in one is morally a proof of the method by which it occurred; and, in the other, the modus op-

erandi is as clear as in the majority of cases of extra-genital chancre.

In both the cases given there was lacking one of the signs so much relied upon by syphilologists—the induration of the lymphatic glands. These could not be found in the groin of either patient, but it must not be forgotten that from their location the chancres could hardly produce adenopathy of subcutaneous lymph glands. As the patients were not sufficiently emaciated, the deeper glands of the abdomen could not be distinctly made out to be indurated. The eruption in each case, together with the induration of the chancre and the results of specific treatment, removed all possibility of a doubt that each was distinctly syphilitic. One not conversant with syphilis and its symptoms might have mistaken the chancre in one case for a chronic ulcer, and the other for venereal warts or condylomata, in view of the double fact that the vulvar growths were not exactly flat, and that there was a slight oozing from the urethra.

In closing this brief sketch, the object of the writer will have been attained if he has succeeded in impressing upon all the necessity of thoroughly examining each case which comes under observation.

BIBLIOGRAPHY.

A complete bibliography of the subject may best be found in the work of Proksch, "Die Literatur der venerischen Krankheiten." The titles given below are those of the works of the authors referred to in the paper:

¹Charles Mauriac. *Syphilis Primitive et Syphilis Secondaire*. 1890.

²Melchior Robert. *Nouveau Traité des Maladies Vénériennes*. 1861.

³L. Duncan Bulkley-Morrow's *System of Genito-Urinary Diseases, Syphilis and Dermatology*. Vol. II, 1893. *Syphilis in the Innocent*. 1894.

⁴E. Lang. *Twentieth Century Practice*. Vol. XVIII. 1899.

⁵Jas. S. Howe. *American Text-Book of Genito-Urinary Diseases, Syphilis and Diseases of the Skin*. 1898.

⁶James Nevins Hyde and Frank H. Montgomery. *A Manual of Syphilis and the Venereal Diseases*. 1895.

⁷White and Martin. *Genito-Urinary Surgery and Venereal Diseases*. 1897.

⁸Louis Julien. *Traité Pratique des Maladies Vénériennes*. 1899.

⁹Wm H. Righter. *Kansas Medical Journal*. Jan., 1891.

SHALL THE SPECIALIST DIVIDE THE FEE WITH THE GENERAL PRACTITIONER? *

BY EMORY LANPHEAR, M.D., PH.D., LL.D., ST. LOUIS, MO.

Formerly Professor of Surgery in the Kansas City Medical College and the St. Louis College of Physicians and Surgeons; Gynecologist to St. Joseph's Sanatorium, St. Louis.

When an attorney in a county-seat has a client in danger of the penitentiary, and hence in need of the very best counsel, it is customary for him to seek some eminent lawyer of a great city and request his aid. In so doing, does he approach the distinguished gentleman and say: "I have a client accused of —, who is able to pay \$3,000 for his acquittal; will you take the case with me for this sum—leaving me the gratification of having done my professional duty?" By no means! He plainly states: "My patron has \$3,000 to spend for his defense; are you willing to take \$2,000 of this to join me in securing justice for him?"

Arrangements of this kind are daily made in every large city. Does any one ever suggest that the country attorney has been doing a dishonorable act in thus securing his city brother to do the major part of the work for \$2,000, he retaining \$1,000 for his services? Would a doctor, sued for \$100,000, regard such a transaction as disgraceful, unethical, objectionable, if thereby he were saved this sum?

But let the question be one of saving life instead of securing liberty or preventing financial loss—and how different it is!

If a country doctor have a patient with recurrent appendicitis (upon whom he *might* operate with success, but fears possible failure) with a prospective fee of \$600, must he—in order to be "ethical"—write to some city surgeon to come to his help, take all of the \$600, and leave him merely the satisfaction of a duty well performed, or possibly pay for a few visits at starvation rates? "Upon what meat does this our Caesar feed that he hath grown so great?"

Why should not the country doctor plainly say to the city specialist: "I have a patient with appendicitis who is able to pay \$600. Will you operate for \$400 and leave me \$200 for preparation, after-treatment, etc.?" What would be wrong about this? Let Drs. Robt. T. Morris, of New York, and Burnside Foster, of St. Paul, who so vigorously maintain that division

* Extract from paper read at the Missouri State Medical Association, May, 1900.

of the fee is unethical under any and all circumstances, point out what injustice would thereby be done to (a) the patient, (b) the attending physician, or (c) the eminent surgeon. Why should we not learn a few things from the methods of our most noted lawyers, men who are above suspicion as to unethical conduct. Have we not hitherto been too unmindful of the financial interests of ourselves and our professional brothers?

I maintain that the payment of a "commission" for all business simply "referred" to a specialist, or for mere consultation, is probably unethical—certainly demoralizing in tendency; but that division of the fee is perfectly honorable and right when the specialist and the general practitioner jointly share the work and the responsibility.

Number of Registered Physicians in the United States.
—The actual number of registered physicians in the United States, according to the most recent count, shows an average for the whole of about one to 647 inhabitants, but the proportion in the States varies greatly. California appears to be the State which is the most liberally supplied, the proportion there being one physician to 420 inhabitants, while in Iowa nearly the same conditions prevail. On the other hand, in North and South Dakota and New Mexico, the proportion was respectively one to 1,285, 1,296, and 1,391 inhabitants.

Experiments on Malaria —According to reports, the British Government is about to inaugurate a very interesting and valuable series of experiments.

It is proposed, so the reports go, to erect a hut in the most pestilential spot of the malarial Roman Campagna, make it mosquito proof by the use of screens, etc., and have two medical experts live therein during the most unhealthy season—May to October.

If these persons do not contract malaria it will prove that it is avoidable where proper precautions are taken.

As a further proof it is proposed to breed the malaria-bearing mosquitoes, feed them on infested individuals, and then transport them to England and have them there inoculate individuals who have never been otherwise exposed, who are expected to develop the disease.

If these reports are true no one can really deny the possible value of the experiments. In the mean time what will the humane societies say?—*Gaillard's Med. Jour.*

CORRESPONDENCE.

THE PRESS AND "HEATHEN" MEDICAL SCIENCE.

Let us weigh the scientific authority which belongs to a recent editorial in the press on successful ruling out of bubonic plague germs, from infected ships and their cargoes. The ruling that ships shall not dock at their piers is termed "heathenish."

I do not know the writer of all this wisdom, but there is something which strikes me as singular in what he, with *Philadelphian* provincialism, is pleased to say about "Hindoo natives who started the pest, etc., in Bombay," and the "braves" who would not have started at all that poor working-man's pest, as they call it in Heathendom.

He says: "Bubonic plague in its travels around the globe assuredly has found the counterpart of the benighted heathen whom it left at Bombay. There is not a whit of difference in principle between the natives who started the pest by disobeying the orders of the health officers of an Indian Presidency, and our brave President Murphy who fancies he is stopping it by disregarding the orders of the health officer of an American State. A blind, ignorant superstition rejects the counsels of science in each case."

I assure this "editor" that the pest of Bombay was not "started by native superstition," but by *British commercial greed*. English ships from Hong Kong insisted on landing infected cargoes of sugar in return for other cargoes of pestilential opium with which they have poisoned the Chinese.

And who told this all-wise editor that those people of Bombay were *benighted heathen*? Whoever he is does not know Asiatic or Indian medicine. Before ever there was an Occidental editor, these people knew the relation existing between plague and insects. They washed their bodies *centuries ago* with oil to prevent inoculation through the skin of germs taken by insects from carcasses of rats *dead of plague*. Superstition, I admit, exists there as here. Orientals do not believe in destroying animal life, not even of rats. But we are hampered with similar superstitions. We favor inhumation of our dead instead of adopting the Oriental's sound practice of cremation. They believe in transmigration

of the soul; we believe in the resurrection of an actual body. The editor may laugh at those *heathens* if he will, but let him not forget that he who laughs last laughs best.

I might quote here for the enlightenment of the Occidental some Asiatic science from a native of the "Land of the Rising Sun," the distinguished Dr. Kitasato, the discoverer of the bacillus, who teaches the world to-day how to cope with the plague. But I refrain; life is short, and time is fleeting. The editor may study the subject for himself: *Pathogenesis of plague*, in the Japanese *Official Gazette*, July 31, and August 1, 1894. *It is not heathen science by any means.*

Heathen science of Asia teaches that persistent criminals shall be destroyed; the known and proved enemies of society are eliminated; they are beheaded. Lepers and people otherwise incurable, beggars and paupers, the mentally deficient are outcast; the sooner they disappear the better. Only the best material of society is protected. The more hospitals in a city, the more barbarous (or less scientific) the people. Germs are considered as benign because they test the physical character of the individual; the weaker goes to the wall, the stronger continues the race. The temperate (there is no saloon licensed by government), the moral and the clean are preserved. This is the survival of the fittest.

If American editors were to insert these lines in their papers perhaps the faith of some of their readers in their editorial science would be a little shaken. But what do the majority of *yellow* press readers care for science. What is Hecuba to them, or they to Hecuba.

New York.

ALBERT S. ASHMEAD, M. D.

Late Foreign Medical Director, Tokio Hospital, Japan.

A LETTER FROM THE PHILIPPINES.

The Editor has received a personal letter from Dr. Frank M. Rumbold, now Captain of U. S. Volunteers, dated at Orani, P. I., May 8, 1900. As will be seen, the following extract contains much interesting matter from a medical standpoint.

My Dear O.-D.:—In one of my quick hikes, trying to surprise a band of ladrones, I surrounded a small barrio and searched it. After I had rounded up all the hombres and was about to leave, a woman came to me and said that one of the soldiers, while

searching her home, had taken a medal. She described the medal, oval and about 4 by 6 inches. I asked the men if any of them had taken such a medal, at the same time wondering why any medal should be made that size. One of the men produced it and said that he had seen it on the floor and picked it up. I handed it to the woman and started my men off. Then I turned to her and asked why the medal was so large. She explained that she was a midwife and that when labor was prolonged all she had to do was to strap the medal over her patient's abdomen and press on it and the child would come quickly.

As my men were getting some distance off, I did not have time to pursue the subject as I would have liked to have done.

It seems that the Monks had these medals cast, blessed and sold them. They contain on their surface a prayer to somebody and are considered very efficacious.

I will try to get one to send home.

The mortality among the natives is not as great as when we first arrived; still last month showed more deaths by twenty than births, this in a community showing 5,000 men. As one of our officers put it: "The balance was in our favor."

Until we arrived there were no doctors in any of the towns, the Spaniards having all left, and to take sick meant to die. Many come to me for treatment, but not nearly all. We have no funds or medicines to handle the natives with, but do use some on them.

I have seen but three cases of hare-lip, one case of shortening of leg from "hip-joint disease," two cases of lupus, one case of native syphilis, chancroids galore, and tropical ulcers on penis quite a number. At first this last puzzled Dr. Cook and myself. One of my men had phimosis and what was apparently a chancroid on the meatus. We circumcised him and found everything clean below. Have seen a dozen cases that looked like chancroids to me get well under a drying power treatment, not calomel; no glandular involvement, no pain to speak of. A closer study, seemed to me, showed a difference in the edges; they were not phagedenic. Three months have passed in some of the cases, and though no constitutional treatment was used, no glandular enlargement has resulted and no eruption. Under cleanliness and talcum powder they seem to fill up and disappear.

Surgery is not practiced by the natives. Poultices and leeches are in daily use. Yours,

F. M. R.

ST. LOUIS

Medical and Surgical Journal.

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No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

VOL. LXXIX.

JULY, 1900.

No. 1.
Whole No. 715.

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EDITORIAL.

THE DOCTOR AS A LIAR.

If we accept the aphorism of Solomon, *omnis homo mendax*—or, in other words, that all men are liars—then the physician naturally becomes one. We do not desire, however, to include in this category all those who state that which is not true truth, for they have some mitigating circumstances in their favor in the majority of instances. Lack of knowledge, of judgment, of observation, and of caution are factors which will often make one utter that which others can prove to be untrue. The intent was of the best and no possible harm was intended. But the one who with malice prepense tells a falsehood knowing it to be such, is the one who is fully deserving of the name of liar. And God wot there be such and many of them; so many that they have cast an unenviable stigma upon the entire profession. To such an extent is this prevalent that a serious opinion elicits smiles, an attempt at proof is looked at askance, and details are looked upon with suspicion.

Doctors who are liars may be divided into two general classes.

There are the cunning but shallow and ignorant but bungling. They are both dangerous, but more so to the young and callow, whose experience is not sufficient to enable them to detect the artifices and pretenses which are called up to ornament the lies so glibly spoken.

The judiciary has long since looked upon some practices of physicians with a suspicious eye. Thus the certificates so freely given to excuse jurors from jury duty are not accepted with that simple faith that formerly actuated judges. They want good reasons and some proof for those reasons, and very properly. To give an idea of the small value which attaches to a physician's certificate in regard to the health of an individual who wishes to avoid a public duty, it is only necessary to state that the sheriff of St. Louis, when issuing subpoenas for *posse comitatus*, stated that both the bearer of and the physician who wrote a certificate would be impressed in the service.

There must certainly be a reason for this, and we have no doubt that it lay in the numerous instances wherein a too-accommodating physician wrote the desired certificate, and the beneficiary thereof bragged subsequently that he had obtained such, despite the fact that he was perfectly well at the time. Thus was a mistaken kindness repaid by an awkward recipient. Did it but rebound upon the guilty one the punishment, whatever it might be, would be deserved. Unfortunately the honest and truth-telling doctors are made to share in what for them is undeserved blame and obloquy. Thus are the just and unjust visited with punishment undeserved by the former and not sufficiently severe for the latter. The punishment is not made to fit the crime, and is indiscriminately heaped upon the innocent and honorable, who are called upon to bear the sins of others.

We could easily keep on multiplying examples, but this is hardly necessary. Any one of our readers can recall many such in his own experience, and not a few could strike his breast and exclaim like the sinner of old, *mea culpa, mea maxima culpa*. He will say this providing he has mended his evil ways; if he has not done the latter he will try to brazen it out by a few more lies. To those who will be liars our advice is to be artistic, and in order to be such cultivate a good memory. This will postpone the day of exposure, which will inevitably come. In order to avoid all this tell the truth and reduce the ranks of liars by one.

A MEDICAL ACT FOR MISSOURI.

The committee of the Missouri State Medical Association appointed to draft an Act to Regulate the Practice of Medicine, has completed its labors so far as this part is concerned. This includes an Act creating a State Board of Health and defining its duties. Among these latter is to have general supervision over the registration of all practitioners of medicine, surgery and midwifery. To briefly summarize the proposed act, it is provided that all those intending to practice medicine or surgery in Missouri shall pass a satisfactory examination before the State Board of Health. Certain satisfactory qualifications must first be met or an oral or written examination in English grammar and composition, arithmetic, United States history and geography, and furnish evidence of a good moral character. Then follows an examination in whole or in part in writing on the subjects of anatomy, chemistry, physiology, pathology, materia medica and therapeutics, obstetrics, gynecology, surgery, practice of medicine, medical jurisprudence and hygiene, and such other branches as the State Board may elect. Seventy-five per cent. of the questions asked must be answered correctly before a candidate is granted a certificate. The fee for this examination is fifteen dollars. Midwives are also expected to pass an examination, but are prohibited from practicing medicine upon a midwife's certificate. The cost of examination is not stated.

As will be seen from the short review of the proposed act given above (the punitive features are omitted here), a diploma from any school will not entitle any one in the future to a license to practice medicine. In fact, it is specially mentioned that the State Board of Health shall not be permitted to inquire the source of information of any applicant for a license, but shall subject all applicants to the same examination and require of all the same degree of proficiency. This is certainly fair to all and is the real test of the fact whether the individual is qualified or not. There is one section in the bill which provides that the license to practice shall always be displayed in a conspicuous place, in default of which a fine must be paid.

Whilst the bill is far from being perfect it is the best one which has yet been drawn up in this State. To those who have obtained diplomas from reputable medical colleges it imposes no hardship, as the examination is to be elementary and practical. To quacks, pretenders, charlatans and all that class it will act as

a deterrent. The examination is to be uniform, except in the matter of materia medica and therapeutics, and for these competent men of particular schools will officiate. In fact, there is nothing in the bill which could be regarded as unjust or obnoxious by any right-minded person. It is serious and honest and is plainly intended to furnish the public with better physicians and at the same time eliminate the vast horde of quacks which now infest the commonwealth of Missouri.

The question which confronts us now is to have it passed by the Legislature. To do this requires not only the influence of all decent medical men exerted in an active manner, but a good lobby at the seat of government. A lobby is always an expense, and the committee suggests that the members of the regular profession now situate in Missouri donate each one some money, from five to twenty-five dollars, to defray the expenses of those who go to Jefferson City to induce the legislators to vote for the bill. This is an opportunity presented to those who want to see the practice of medicine regulated, and they should cheerfully testify to the honesty of their purpose by making a contribution. Any one desirous of making such a contribution may send it to Dr. H. E. Pearse, Kansas City, Mo., who will see to it that it is properly expended.

Now is the time for all to unite in one grand effort, and if there be unanimity we are certain that, in spite of the opposition of the quacks and charlatans, the measure will pass.

The Hills Are Green Far-Away.—"Here is the strangest thing in the world," says the *Wichita Eagle*, in a local item from Kingman paper: "A. J. Bittner went to Wichita yesterday to consult a specialist in regard to his eyes." Local item from Wichita paper: "K. L. Brown left yesterday for Chicago to take treatment from an eye specialist there. He fears he may lose his sight." Local from Chicago paper: "R. J. Beaver, president of the Sixth Street National Bank of this city, left yesterday for New York to have Professor J. Agnew, the famous New York specialist on the eye, treat his eyes, which have been troubling him." Local from New York paper: "J. Peter Stuyvesant of Fifth Avenue sailed on the Kaiser Wilhelm yesterday for London, where he will be under treatment for the eyes, of S. J. C. Kavenaugh, S.N.A.B." Local from London paper: "The Rt. Hon Percy Fitzhugh Bightton is sojourning in Paris, under the treatment of the great oculist, Lemaître Trebon."

MEDICAL PROGRESS.

MEDICINE.

Nutrition in Severe Gastro-Intestinal Diseases.—Dr. J. E. Thatcher (*Medical Century*) states that in the care of patients suffering with malarial fevers, and especially children, there comes a time when the question of what food should be given becomes one of the gravest importance. In a case of this kind in a baby 18 months old, in which extreme exhaustion existed after subsidence of the fever, it was found very difficult to nourish the child, all food being refused or vomited. The case seemed almost hopeless, as the patient was apparently starving to death. A trial, however, was made of lacto-somatose given in a mixture of equal parts of oatmeal water and cows' milk, which was well tolerated, without nausea or vomiting. Improvement set in from the moment of taking the first dose of lacto-somatose. The preparation relieved the gastric disturbances, stimulated the digestive organs, and created a natural appetite and the power to digest other food. Under its continued use perfect recovery ensued.

Diagnosis of Pneumonia.—Several cases are reported by Behrens, which show the difficulty of making an immediate diagnosis of pneumonia, the symptoms and physical signs being obscure. He emphasizes the following points as important in making the diagnosis in non-typical cases: 1. Be in no hurry to pronounce a case pneumonia of special type unless you have examined the patient thoroughly, both as regards objective and subjective symptoms. 2. Remember that no sharp line exists between the ending of a severe bronchitis and the beginning of capillary or catarrhal pneumonia. 3. Depend always on a physical examination as being of the most importance. 4. Children under 6 years have, as a rule, capillary catarrhal pneumonia; 6 to 16, croupous or catarrhal; adults, lobar pneumonia. 5. Do not lose sight of chest exploration, if peculiarities arise in continued fevers.—*Jour. Am. Med. Ass.*

Treatment of Pneumonia.—At the Eighteenth German Medical Congress, held at Wiesbaden, Dr. v. Koráangi, Pesth, introduced a discussion on the treatment of pneumonia, which has

not yet been reported, but the discussion that followed the address indicates the trend of thought on the subject. Professor Pel, Amsterdam, was of opinion that simple observation at the bedside must mark out the part of rational treatment. In the first place the body must be guarded from the irritation proceeding from the infective germs and their toxins. The fever was possibly a true ally of the body. Unfortunately there was a series of cases in which the crisis did not come on, and which ran a slow course, as in the obese, renal and diabetic cases. It would be ideal if one could employ antiparasitic means, but at present there was none such. The search for the specific was universal; here was the disease, but where was the remedy? Our thoughts ran on articular rheumatism, malaria, and syphilis, but to render poison helpless we wanted the antidote.

The chief representative of the remedial bodies was still quinine, then large doses of iron according to the recommendation of Niemeyer. The subcutaneous application of quinine was still on its trial. Italian inquirers had used potassic iodide for the reason that it had been used for everything. He rejected antiphlogistics, blood-letting, and all heroics that lowered the constitution. Digitalis was useful as a cardiac tonic, but taken as a whole we must say that there was no remedy by which we could shorten or influence croupous pneumonia. We were thrown back on to the curative power of the organism, that was to say, the less the physician interfered the better for the patient—as far as heroic remedies were concerned. To the physician remained, however, the glorious remedies—careful hygiene, nursing, and feeding. Symptomatic treatment of the cough, pain, etc., favored natural recovery, as also did comfort and sympathy. Nothing should be too small, nothing too insignificant: it was a case of little things. None of the surroundings of the patient were without importance. A recognition of this marked the expert physician.—*Med. Press.*

Cerebral Complications in Whooping-Cough.—Two important recent communications have been made on this subject by Schreiber and Horveno. In a recent number of the *Archiv für Kinderheilkunde*, E. Schreiber reports a case which calls attention to the very serious cerebral complications which may develop in whooping-cough. The patient, a girl, aged two years, was the subject of whooping-cough, and during one of the paroxysmal attacks she developed general convulsions. These

convulsions recurred on the following day and again on the fourth day. Immediately after this there appeared paralysis of the legs and arms, a loss of the faculty of speech utterance (aphemia of Bastian), and unilateral facial palsy of the right side. Paralysis of the sphincters with involuntary passage of urine and feces next followed. The temperature rose to 103° F. and continued thus for two days. After the twelfth day the convulsive attacks ceased and speech and muscular power began gradually to return at the close of the third week of illness, recovery thereafter being slow and steady. The diagnosis made in this instance was meningeal hemorrhage, as against cerebral meningitis, which was the illness at first suspected. Horveno, in a very careful and complete series of studies on the various paralyses which occur in whooping-cough, found that the cerebral paralyses were the most frequent, being met with in 37 out of 46 cases (or 80 per cent.). The rarer paralyses were those of bulbar, spinal, or peripheral nature. The clinical forms of the cerebral mischief resembled sometimes such conditions as coma or apoplexy (Cazin), but in other cases were decidedly like hemiplegia (Henoch). Less frequently the resulting troubles were facial palsy, aphemia, word blindness, and hemianopsia. Horveno traces the causation to one of two factors, viz., toxemia or strain, and rupture of the cerebral blood-vessels.

THERAPEUTICS.

Studies in Iodoform.—The marked action of iodoform in restraining suppuration, and in bringing about the cicatrization of tuberculous abscesses and the like, though generally recognized, has not so far been satisfactorily explained. It was long ago shown that its antiseptic action was small, prolonged exposure to the vapor being required to kill streptococci, etc. In contact with suppurating tissues iodoform is said to be decomposed, iodine being set free, but as a matter of fact, even when decomposed, its germicidal action is comparatively feeble. Professor Cornil of Paris publishes some interesting results of experiments carried out under his direction with the object of ascertaining the action of the drug on normal tissues. Briefly stated, the action of iodoform on the peritoneum, and on serous membranes generally, is to set up a definite degree of inflammation accompanied by destruction of the fixed cells in contact therewith, and an increase in the number of leucocytes, effects

which are not peculiar to iodoform, but follow the use of any irritant, such, for instance, as weak solutions of nitrate of silver. It is thus shown that iodoform acts on the micro-organisms on the one hand, and on the tissues on the other, but we are not yet in a position to decide to which of the two actions its valuable properties are due.—*Med. Press and Circular*.

Fortoin ; A New Cotoin Preparation.—Overlach (*Wiener medizin. Blätter*, April 12, 1900) reports on the value in therapeutics of the new preparation of cotoin, produced by the action of formaldehyd on the latter and called fortoin. It is a yellow, crystalline substance, with an odor suggesting cinnamon, and tasteless. The dose of fortoin is 0.25 gram for adults, three times daily. As much as 0.5 gram can, however, be borne without any disturbances arising. Its chief indication is the diarrhea arising from any cause in which the intestinal mucous membrane has been dislodged in places and carried off. Heretofore the tannin preparations have been used in such cases; but the disorder always returned with the discontinuation of the drug, for tannin does not cause regeneration of the membrane to take place. On the other hand, fortoin stimulates the membrane to renewed growth and activity, resulting in the rapid return to its normal condition, in which proper resorption may again take place. Overlach has used fortoin in eight cases of typhus abdominalis, of which five were indubitably benefited. Hemorrhage did not result in any of the cases. Fortoin seems to be a drug of considerable efficiency.—*Med. News*.

Epilepsy.—Almost all of the newer hypnotics have been recommended in the treatment of epilepsy, and among those that appear to have been of most value, either as a palliative or curative, is bromalin, which is a white crystalline powder or colorless scales, readily soluble in water, and given in doses of 30 to 60 grains. It is said not to cause bromism. Rohrmann considers it as palliative, but not curative, as the attacks return when it is discontinued.

| | | |
|---|-----------------------|---------------|
| R | Bromalini..... | 3ij. vel 3vj. |
| | Syrupi aurantii | 3j. |
| | Aquæ | q.s. ad 3vj. |

M.

Sig. Tablespoonful in water after meals.

Bromopyrine, which occurs in white needle-shaped crystals,

soluble in alcohol and warm water, is said to combine the properties of bromides and antipyrine, and has been employed with asserted success in preventing the convulsive seizures. It may be administered in the same doses as antipyrine, either in powder or dissolved in wine. Rubidium and ammonium bromide, occurring in a yellowish-white powder, soluble in water, have been successfully employed in doses of 10 to 30 grains three times a day.

R Rubidii et ammonii bromidi 3ij. vel 3vj,
 Syrupi acaciæ 3ij.
 Aquæ q.s. ad 3vj.

M.

Sig. Tablespoonful in water after meals.

—*Practitioner.*

Amyl Valerianate for Biliary Lithiasis.—Dr. Pouchet (*Revue internationale de médecine et de chirurgie*) reports excellent results from the use of this emulsion.

R Amyl valerianate gr. ix.
 Oil of sweet almonds 3ij.
 Powdered gum arabic gr. lxxv.
 Syrup of quinces 3viiss.
 Distilled water 3xv.

M.

Sig. This amount to be taken once a day, in half a glass of water or milk.

—*N. Y. Med. Jour.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Hair-Eating Children and Convulsions.—Dr. Frederick D. Lyon writes the following to the *Boston Medical and Surgical Journal*: I give below the account of a case which has considerably interested me.

I was called a short time ago to see a child of two years of age with convulsions. The mother gave me a history of whooping cough for a week. Later that night I was again called for the same reason. The convulsion was over when I arrived. In watching the child, I noticed that he picked at the blanket, and pulling off some of the hair put it in his mouth. The mother stated that it was a constant habit ever since the child was born. He would pick at the carpet, his undershirt—in fact, anything of a hairy nature. Thinking that perhaps this habit might have something to do with the convulsions, I gave the child some one-

tenth grain calomel tablets. When I called again the mother stated that the child had passed a ball of hair as large as a silver dollar, together with some smaller masses. It is perhaps needless to say that the child has had no more convulsions.

Lymphatics of the Lung.—Councilman points out that the lobule of the lung constitutes a definite unit in its anatomy, normal and pathologic. The outlines of the lobules are seen most perfectly on the pleural aspect of the lung; they are triangular, the base corresponding to the pleural surface, and are separated from one another by small strands of connective tissue, which forms either a complete investment of the lobule or is in places wanting. At the apex the bronchus and the artery enter. The small areas supplied by the terminal branches of the bronchus are commonly called “acini,” though Miller has designated them lobules; but the use of the term lobule in this sense can be at once seen to be confusing. The bronchial passage ends in an atrium, thoroughly described by Miller, from which the air-sacs or infundibula are given off, and from these arise the air-cells or alveoli. Councilman emphasizes the importance of this atrium because it is the starting point of the focal pneumonias of children.

Accompanying the bronchial branches are branches of the pulmonary artery; a small amount of connective tissue accompanying the arteries, maintaining some connection with the perilobular connective tissue; veins are also found in the fibrous septa, the largest of the periphery of the lobules. In focal pneumonia of children, Councilman found the lymphatics distended so that they could be followed with ease. They are described as originating about the acini, and divided into two sets: 1. A central, running along the pulmonary arteries and emptying directly into the peribronchial glands at the root of the lungs. 2. A set which ramifies in the interacinous and interlobular septa and empties into the pleural lymphatic plexus. The second set is the more extensive; its vessels are provided with valves which point toward the pleura. When a smaller vessel enters a larger, the walls of the smaller project for some distance into the lumens of the larger, forming an effective valve. These interlobular lymphatics are important, because it is probably through them that infections in the center of the lung extend to the pleura. They

also play a prominent rôle in the absorption of exudates and in the removal of organisms entering the lungs.

The central lymphatics are large vessels, which often become greatly distended in pathologic conditions. Small branches from the peribronchial tissues and probably also from the tissue of the acini open into them. Councilman did not find valves in the central lymphatics, but he thinks they are probably present; neither has he found any connection between the central lymphatics and the peri-arterial, but it is reasonable to suppose that such exists.—*Jour. A. M. A.*

Mammary Cancer.—W. M. Banks (*Lancet*) says there are certain dangerous delusions in the mind of the laity and many of the profession concerning cancer of the breast, which lead them to defer consulting the surgeon until the best time for operating has passed. These errors are mentioned: Heredity seems a prominent causative factor in the mind of the laity; pain is thought to be an essential symptom of cancer, but is, as a rule, entirely absent in the early stages of the disease, and the lump is usually accidentally discovered; cachexia, even in a large portion of the medical mind, is considered necessary to the diagnosis, whereas it occurs late in the disease from pain, fetid discharge, septic absorption, insomnia and mental distress; early in cancer the patients are very frequently well-nourished, ruddy individuals. In internal cancer cachexia may very well be present when the trouble is first diagnosticated; nipple-retraction and skin-adhesion are familiar only to the profession; retraction occurs only when the growth is immediately under the nipple; adhesion of the skin to a cancer is of the "pigskin" variety, and is quite characteristic. Chronic mastitis is not infrequently mistaken for cancer. It is more apt to occur in comparatively spare, childless women, and after a time causes the breast to resemble a hard, flat cake, with harder knobs here and there. In these cases skin-adhesion is rare, and when present not of "pigskin" type, and glandular involvement is not present. Deep-seated chronic abscess surrounded by dense inflammatory tissue is very deceptive. Skin-adhesions, when present, do not cause pigskin dimpling. Exploration is the only certain means of differentiating. The same points are true concerning a small fibro-adenoma, a small, very tight, deep-seated cyst. In order to avoid error in diagnosis, he never removes a breast without

first incising the tumor or exploring it with trocar and canula. A breast tumor should be examined in three ways: The surgeon should first stand behind the patient and reach around to the breast, as this position gives his tactile sense its best advantage; then, from in front, he examines the patient sitting and finally lying down. The examinations in these different postures develop all the tumor's features. When the diagnosis is once made, extirpation of the breast and axillary contents is imperative.—*Med. News.*

Cause of Cancer.—An interesting contribution to our knowledge of the etiology of cancer is given by A. Adamkiewicz (*Klin. therap. Woch.*). This author holds to the parasitic theory, and considers the cancer-cell to be not a typical epithelium, but a species of coccidia which infects those parts of the body most closely in contact with the outer world. Several instances are quoted in which the mere sting of an insect was followed by epithelioma of full malignancy, and in which irritation or diminished resistance of the parts involved could not explain the lesion. The fact that gastric and intestinal cancer is endemic in certain parts of France, where stagnant water is used in the manufacture of cider, seems to corroborate this theory.—*Med. News.*

DISEASES OF WOMEN AND CHILDREN.

Vaginal Hysterectomy.—In an article in the *American Journal of Surgery and Gynecology* Dr. Byron Robinson writes:

INDICATIONS FOR VAGINAL SECTION.

What cases should be performed vaginally?

- (a) All pelvic suppurating cases.
- (b) All pelvic diseases which do not reach above the pelvic brim.
- (c) Ectopic pregnancy, if it be below the brim of the pelvis.

Almost all tumors, growths or swellings which extend above the pelvic brim should be attacked per abdomen.

Vaginal hysterectomy allows frequently an extra peritoneal operation. The great mass of intestinal adhesions may remain unbroken and the general peritoneal cavity remain unopened.

Removal of septic foci will allow many of the adhesions and most of the exudates to absorb. The patient will frequently be restored to health and resume the juvenile step.

From personal experience we found that the following class of cases are almost perfectly and safely cured alone by vaginal hysterectomy:

(a) Non-suppurative diseases, when by repeated inflammatory pelvic attacks, the oviducts, ovaries, uterus and many loops of intestines are held in dense masses of exudates and adhesions.

(b) Painful uterus and localized painful points in the oviducts and ovaries after laparotomy.

(c) Abdominal fistulæ following laparotomy for removal of oviducts and ovaries, which resist cure by curettement, cauterization, or operation when the ligature cannot be found or removed with safety.

(d) Chronic suppurating diseases attacking not only the oviducts and ovaries, but also the parametric and periuterine tissues demand vaginal hysterectomy for a cure.

The general views in favor of hysterectomy as against removal of the oviducts and ovaries may be noted in the following propositions:

1. The uterus is useless without the oviducts and ovaries.
2. The uterus does not get rid of its inflammation, endometritis and metritis, for from six months to two years after the operation..
3. The uterus with its inflamed tissue is a source of pain and disease. The uterine walls are almost always diseased with infected oviducts and should be removed.
4. The uterus is a point where disease cannot only start, but does persist.
5. The menopause seems to be less distressing when the uterus is entirely removed, than when only part is removed.
6. It is not conservative gynecology to retain diseased organs when the disease may revive.
7. It is said that sentiments of the patient are against removal of the uterus. So was the patient's sentiment against removing the oviducts and ovaries a few years ago, but "sentiment" can be overcome, and also a gynecologist must not go by what a patient says, but by experience and pathological conditions.
8. It is, according to my observation, that the neurotic symptoms following removal of the uterus, for bilateral diseases, are smoother than after removal of both oviducts and ovaries.
9. The inflammatory disease begins in the uterus, and there-

fore the uterus, as the first offender and the persistent menace, should be removed.

10. The first disease starting in the uterus generally leaves the endometrium crippled with the uterine wall in the same condition, jeopardizing the patient to recurrent attacks.

11. The blood vessels, lymphatics, muscularis and nerves of the uterus, once damaged by disease and without oviducts and ovaries, are a menace to the life of the patient.

Dermatomyositis.—Dr. Oppenheim, in the *Berlin klin. Wochensch.*, describes this affection as observed in a child 9 years of age. There were pains in groups of muscles, difficulty of movement, redness and swelling in certain regions, pain about the pharynx and mouth, with difficulty in swallowing. There was also a certain amount of atrophy and paralysis in some muscles, which were hard and contracted. Some skin areas were red and appeared infiltrated. This rare affection may be confounded with muscular dystrophy or sub-acute rheumatism. The lesion is an infiltration of muscular tissue by small cells, enlargement of the internal perimysium, and partial destruction of muscular fibres.—*Medical Record*.

Bolognini's Sign in Measles.—This interesting phenomenon is worthy of note by general practitioners, by whom the majority of cases of measles are seen—that is to say, when the friends of the patients deem the attack worthy of medical attention. The essential feature of the sign is a peculiar sensation of friction, which is felt when the finger-tips are rubbed over the abdomen with pressure at first gentle and then gradually increased in force. According to Bolognini, it is possible to make out this sensation, which he ascribes to a morbilliform eruption on the peritoneum, from the prodromal period to the end of an attack. More recently his observation has been confirmed by other investigators. Dr. Koeppen discovered the phenomenon in 154 out of 316 cases; but, in his opinion, the sensation was rather one of fine crepitation due to the presence of gas in the intestines than of friction. The point raised is of interest in its possible connection with Koplik's early diagnostic spots found on the mucous membranes of the cheeks and lips in nearly all cases of measles. They are round, whitish, slightly raised, from 2 mm. to 6 mm. in size, with a reddish centre, and are peculiar to measles. Fortu-

nately measles is so well-marked a disease as rarely to be mistaken for any other complaint. Its non-fatal nature, moreover, under decent conditions of environment, detracts from the value of diagnostic signs. At the same time, the sign of Bolognini cannot fail to be of interest to the intelligent practitioner of medicine.

A Remarkable Case of Superfetation.—Dr. John P. Nicholson writes to the *Charlotte Medical Journal*: On the evening of February 21st, 1900, I was called to see Mrs. J., aged 41, multipara, the mother of nine children. Found her suffering greatly with severe pains in the pelvic region, in no wise expulsive. It was plain that labor would soon set in. Examination revealed an abnormal state of affairs. The os was partly dilated, the waters had escaped, and I feared I had to deal with a cross-presentation. After several hours true labor pains came on, and with some difficulty I removed a fetus apparently three months old. It was seemingly healthy, not at all offensive. This occurred about 3 A.M. February 22d. At 11 A.M., after an entirely normal labor, my patient gave birth to a well-developed living child, weighing 11 pounds.

There was one large and a separate small placenta. Superfetation, or the possibility of impregnating a female already pregnant (except at a very early period), is generally denied. In this instance we have an apparent impregnation after six months.

During an experience of forty years, I have not encountered or known of a similar case.

If any other physician has ever had a similar case, I would be glad to hear from him through the Journal in regard to same.

SURGERY.

Surgical Hints.—In operating, there is nothing that wastes more time than to have all the instruments at a distance from the operator, thus necessitating the services of an assistant to hand them as they are needed. They should be placed near the operator, on a little table, or near his first assistant, if one is employed, and should be taken up as needed from the pans in which they lie. It is much easier to help one's self to instruments than to wait until they are brought, and it does away with one assistant.

Never use force in irrigating a cavity. The best way to do this,

if it is possible, is to simply pour in the water gently from a convenient vessel. If a douche bag, or similar apparatus is employed, use only as much pressure as will allow the water to run out quietly.

In arriving at a diagnosis in cases of cancer of the breast, it is well to remember that pain is not a necessary symptom, and that, as a matter of fact, women often go on for a number of months without noticing that there is a swelling in their breasts. As a rule, it is a non-sensitive swelling at first, and this very often deceives the patient, and sometimes, strange to say, the medical attendant.

In cancer of the breast, when making a diagnosis in the early stages, do not attach undue importance to the absence of retraction of the nipple. This is often a very late symptom, especially if the neoplasm first involves the periphery of the gland.

In chronic constipation occurring in children, do not rest satisfied with prescribing laxatives. The anus should be carefully examined. The trouble may be due to fissures which, by producing painful contractions, always cause the child to avoid going to stool as long as possible. These fissures are found in the folds where the skin merges into the mucous membrane. If the child gives such evidence of pain that you cannot examine the anus readily, this fact alone constitutes good evidence that fissures are present.

If possible, never operate on people who are showing active manifestations of syphilis. It is always better to place them on appropriate treatment first.

Surgical operations and cases of midwifery occurring in malarial patients are very apt to cause an active manifestation of this disease. In preparing patients for operation, give them daily doses of quinine, if they have a malarial history, or if they come from a notoriously malarial district.—*Int. Jour. of Surgery.*

DERMATOLOGY AND SYPHILOLOGY.

The Treatment of Scabies.—Sherwell (*Journal of Cutaneous and Genito-Urinary Diseases*) states that for twenty-five of the now nearly thirty years of his active dermatological practice he has used the method of treatment which he describes, and that many of his colleagues and most of his students do the

same. This treatment consists in the use of the washed flowers of sulphur, and is the cleanest, least disagreeable, and altogether the most efficient method at our command. The patient is directed to take a bath; using a little sand soap over the tougher portions, except in the case of infants. The body and limbs are rubbed lightly with a little of the sulphur powder. A half teaspoonful is more than enough for each individual. The bed-linen and underclothing of all kinds are changed, and between the sheets or the coverings that come next the person in bed a half-teaspoonful of sulphur is sprinkled. One of the sheets is lifted and a light blow given, which causes enough disturbance in the air to disseminate the powder over the whole internal surface. By repeating this application to the bed every other or every third night, by bathing, and changing clothes in about the same way and at about the same interval for a week, a cure is effected in ordinary cases.

The male acarus is not a burrower. At the time the female has pro-ruptured into the external world from below the epiderm, the male is either dead or certainly functionless.

Few cases or case groups last over the ninth day under this treatment.—*Exchange*.

Syphilis.—S. H. Friend treats of the special pathology, and advocates the reclining rest treatment in the constitutional stage (*Phila. Med. Jour.*). He concludes: (1) That without regard to the system or organ or tissues affected, and irrespective of the period of syphilitic infection, all syphilitic lesions begin in the arteries. The truth of this special pathology is demonstrated by a study of the symptomatology of syphilis. There are few symptoms of the disease which cannot be explained by (a) an acute change in the arterial wall caused by the infection; (b) by a chronic change in the arterial wall or a destruction of the artery, a sequel of the syphilitic infection; (c) by a relapse of the syphilitic infection causing changes in the arterial walls and destruction of the artery. A study of the pathological phenomena of the disease shows that almost every phase of those phenomena, including the formation of connective tissue, gumma, and the virulent infectiousness of the blood, is explained by the disease in the walls of the arteries. (2) That (a) the special pathology of syphilis is in a disease of the arterial walls; (b) that this disease of the arterial walls bears

the same relation to syphilis as does the disease of Peyer's glands of the intestine to typhoid fever, the disease of the skin to small-pox, the formation of a false membrane to diphtheria, etc. The foregoing special pathology demands that reclining rest be made a routine treatment during the constitutional stage.—*Med. Rec.*

Syphilitic Infection and Treatment.—At the last meeting of the Vienna Medical Club, Lang read a paper on infection by and the treatment of syphilis. He was of opinion that the serum treatment should be prescribed to act as a prophylactic, even though the syphilitic bacteria be not found, but it should never be used as a diagnostic agent. As to the treatment, he thought the inhalation form the most effective and the safest; indeed, the truth of his argument, he said, was proved by the large number of cases of indirect mercurialism produced by the inunction treatment. In those cases of syphilis where the central nervous system is dangerously affected, calomel injections are the safest and most efficacious. Inunction and injections of "grey oil" are also recommended. He had found the injection of this oil most useful locally when in the neighborhood of gumma.—*Medical Press.*

OPHTHALMOLOGY.

High Myopia.—From a review of the more important literature of the past few years, Bull concludes (*Med. News*) that the most careful and conservative authorities all advocate the operation of removal of the lens in high myopia in selected cases and under wise restrictions. Therefore, in all it is important to study the case and definitely determine the condition of the myopic eye, also to take into consideration the age and occupation of the patient and the demands made on his vision. The intraocular tension should also be carefully examined, as it is apt to be above normal, and a minus tension would arouse suspicion of serious disease of the fundus. The possible dangers from the operation are, in order of their importance and frequency, intraocular hemorrhage, detachment of the retina, secondary glaucomatous symptoms, and infection of the corneal wound of the iris. The third danger is not serious, as the tension is relieved by extraction of the swollen lens and the danger of infection is also reduced to a minimum by modern methods. A possible

complication is anterior synechia at the point of entrance of the needle, but this should not occur if atropin is properly employed. Another possible complication is incarceration of the iris in the corneal wound or prolapse through the wound. The contraindications are: 1. Extensive degenerative changes in the retina and choroid. 2. Existing detachment of the retina. 3. Membranous opacities in the vitreous, indicating disease of the choroid and vessels. 4. Previous loss of one eye from any cause. 5. Loss of transparency of the cornea from previous inflammation. 6. Any form of contagious conjunctivitis, especially trachoma. 7. Advanced age of the patient. 8. A myopia of less than D 12. The indications are: 1. If the central vision of the myopic patient with the best possible correction by glasses is not sufficient for the needs and social position of the patient, the operation is indicated, first on one eye and then on the other, if no contraindications exist. 2. If there are unmistakable evidences of a rapid increase in the amount of near-sightedness, true progressive myopia, and if the myopia is D 12 or more, the operation may be done under the previously mentioned restrictions. He believes there is no reasonable doubt that removal causes decided improvement of vision, and the wearing of moderate convex glasses after the operation is much less annoying than the wearing of strong concave ones before. He describes the technique in detail.—*Jour. A. M. A.*

GENITO-URINARY DISEASES.

A New Method of Performing Perineal Prostatectomy.—After discussing all the various operations for the relief of senile enlargement of the prostate, Dr. P. J. Freyer reports a case of enlarged prostate in a man aged 59, upon whom he operated as follows: The urethra was opened in front of the prostate on a staff and the tumor examined. A crescentic incision four inches long was made from the median raphe at the urethral wound to the coccyx. The dissection was carried deep into the ischio-rectal fossa, the rectum being retracted out of the way. The tumor of the prostate was then pressed out of the wound by means of the forefinger, passed through the urethral wound, and removed piecemeal by means of cutting forceps. Only a thin layer was left to support the mucous membrane of the bladder and urethra. A perineal tube was passed through

the urethral opening into the bladder and kept in position, carrying off all the urine. The tube was removed in six days, and the patient recovered perfectly. This operation is applicable only to certain forms of the disease. Where the middle lobe of the prostate projects into the bladder, or where the tumor is too large for the finger to hook it down, M'Gill's operation is preferable.—*Brit. Med. Jour.*

The Internal Treatment of Cystitis.—Dr. Burnside Foster (*St. Paul Medical Journal*), in a recent communication to the Ramsy County Medical Society, said that when the urine was already alkaline, either ammoniacal from decomposition or because of the presence in it of a fixed alkali, the administration of alkalies would make matters worse. When, however, the urine was highly acid, alkalies were indicated, of which the most useful was liquor potassæ. It might be administered well diluted and mixed with a little mucilage. A convenient formula was:

| | | |
|---|---------------------------------|------|
| R | Liquor potassæ | ℥ij. |
| | Mucilage of acacia | ℥j. |
| | Tincture of hyoscyamus to | ℥iv. |

M.

Sig. One teaspoonful every four hours.

If the urine was already alkaline, and particularly if it was ammoniacal, we should prescribe urinary antiseptics, as salol, boric acid, or benzoate of sodium. Perhaps the most reliable urinary antiseptic at our disposal was urotropin, and in cases of bacteriuria and in some cases of ammoniacal decomposition of the urine its action was rapid and certain.—*N. Y. Med. Jour.*

NEUROLOGY.

The Close Relation Between the Nasal and the Cranial Cavities as a Cause of Brain Disease.—In the *American Medical Quarterly*, William C. Krauss interestingly and rationally discusses nasocranial relationship, citing their close contiguity, the fact that the cribriform plate of the ethmoid is not impervious to oxygen, and that osmosis, and thus direct aeration of the brain, is quite possible.

The evil cerebral effect of deficient nasal respiration has long been known—the defective development, inability to concentrate the attention, impaired mentality, etc.

A case in point is cited of a child, bright, active, playful, of buoyant spirits, who became suddenly changed—dull, stupid,

listless, impaired in memory, almost idiotic, a mouth-breather, snoring at night, losing flesh and appetite, the expression changing to one of vacancy and dullness. The successful removal of an adenoid growth changed the whole picture, and she developed so surprisingly mentally that judicious restraint became necessary.

The exposure of the nose is such that the various microörganisms here find ready admission, the meningococcus here doubtless making its fatal entrance. It is thought that the non-mobile diplococcus is taken hence by the leucocytes and carried through the lymph spaces to the brain and meninges.

The hygiene of the nose thus assumes a new and more serious importance, and accumulations of foreign matter should be promptly and carefully removed by appropriate cleansing agents, of which the "old Dobell's solution" has been found most satisfactory, to be followed by some bland oil.—*Ex.*

Curious Hysterical Disturbances of Vision.—At a meeting of the New York Neurological Society held on March 6, Dr. Phillip Meirowitz reported a case which had occurred in a woman of twenty-five, of neurotic temperament and inheritance. In the spring of 1895 she had begun to suffer from hysterical attacks. Subsequently she had been affected with laughing and crying spells, and these had become more frequent and severe. When she was seen, in March, 1898, the seizures were not so severe, and consisted chiefly of crying, brought on by mental strain. Frequently when she was gazing into the air or looking at the pavement, colored concentric rings would be seen. In darkened corners she would see certain peculiar figures of various colors and shapes. On rising from a couch she frequently saw a succession of blue commas surrounded by green spots. These would disappear on her looking out of the window, but people passing in the street would be surrounded by colored borders. Often the images were duplicated, and showed the complementary color. At times her memory became distressingly bad, and the spelling of words became difficult. Her condition had been ameliorated by hypnotism. When she was first seen, in June, 1896, hysterical stigmata had been sought for, but not discovered. Examination of the eyes showed hysterical astigmatism.—*N. Y. Med. Jour.*

PROCTOLOGY.

Benign Stricture.—Dr. A. B. Cook, in a paper on "Some Mooted Points in Proctology" (*Virginia Medical Semi-Monthly*), says:

Broadly classifying stricture of the rectum as malignant and benign, the most important mooted question concerning the latter has reference to etiology. What part does syphilis play in the causation of this disease? One writer maintains that it is responsible for fully 60 per cent. of all cases; another fiercely disputes the correctness of this proportion; and others simply recognize syphilis as a factor without committing themselves as to the frequency with which it is operative. The question presents several inherent difficulties. Chief among these is the fact that stricture cases rarely come under observation until beginning obstruction with its concomitant symptoms has developed, and when first seen practically all varieties of benign origin present the same gross and microscopic features. And again, the history of these cases with respect to the constitutional disease is very often incomplete and may easily be misleading. In very many—perhaps most—instances, the case must be judged from its clinical aspects solely. Is the presumption justifiable that it is syphilitic merely because malignancy has been eliminated? In spite of the recent estimate that from five to seven million people in the United States alone are the subjects of syphilis, I think not. In the absence of a clear history or conclusive clinical evidence we assume a serious responsibility when we pronounce judgment upon purely theoretical grounds.

The relations between the semilunar valves and rectal strictures should be mentioned here. Those of us who admit the existence of these structures, and accept the truths of their pathology, are often spared the disagreeable necessity of suspecting our patients or their ancestors of immorality.

Modern Surgical Treatment of Hemorrhoids.—Dr. Gustavus Blech writes as follows in the *Medical News*:

Since a hemorrhoidal tumor is but the result of an inflammatory process, he believes that germ infection must be the main etiologic factor. A locus minoris resistentiæ is produced by certain mechanical influences, which however, in the light of modern pathology, can be considered only as predisposing

causes. In this class belong straining during defecation, obstruction of the portal vessels from liver disease, and abdominal tumors, pressure on the veins by impacted feces, etc. That germs are primary factors in the production of hemorrhoids the author is satisfied from observation in his practice.

As to the treatment, he said that in the earlier years of his professional career he was in the habit of removing internal and external hemorrhoids with the *ecraseur*. His objection at present to this method is that the wire of the instrument is very apt to break, leaving the operator in a dilemma, especially when the operation is half completed. Secondly, the cut surface is not accurate, nor can it be regulated. No matter how close the wires are kept down to the base of the pile, the *ecraseur* cuts as it pleases and not as the surgeon desires it. Thirdly, it frequently happens that after the operation is finished complete separation of the tissues does not take place, and if the screw is tightened some tissue is drawn into the stem, and if continued the stem is apt to bore itself into the rectal wall. He does not favor the Whitehead operation. His method of operating for internal hemorrhoids differs but little from that of most surgeons. If he has to remove but one tumor of large size, he simply throws around its base a temporary ligature, cuts off the entire tumor, and then sews the wound with interrupted suture in the direction of the axis of the rectum.

ANTENATAL PATHOLOGY.

Congenital Cystic Kidney in the Adult.—Dr. H. B. Jacobs reported this interesting case to the Clinical Society of Maryland (*Va. Med. Semi-Monthly*). The most interesting part in connection with it is that the diagnosis was made during life, and confirmed by post-mortem examination.

Not only is the case interesting because of its being seen in connection with Dr. Williams' case, but because the diagnosis of congenital cystic kidney was made during life. Cystic kidneys are not uncommonly found at autopsies. I may say not uncommonly, as there are some hundred or more in literature, but it is not often that the diagnosis is made during life, and of all those that have been described probably not more than one in five has been discovered before death. These cases are usually con-

sidered as interstitial nephritis, or they were not diagnosed at all. The autopsy in this case may be of some interest.

The left kidney measured 22.5 cm. long by 9.5 broad, and reached fully to the level of the sixth interspace, being also fairly adherent to the diaphragm. The pancreas was directly under it; the spleen above was not adherent, but consisted of a mass of cysts. The right kidney was about the same, but not so large. After removal, the left kidney weighed 1,400 gm., its capsules stripped off with some difficulty, and the upper end of the kidney was formed of a very large cyst. The cysts of this kidney varied from the very large one, about three inches in diameter, down to cysts of pin-point size, only to be seen under the microscope. The cause of death was a laryngitis, the mucous membrane being edematous and swollen, and cultures showed colonies of staphylococci.

Case of Congenital Laryngeal Obstruction.—Dr. C. H. McIlraith writes: The patient was a female child, *æt.* 6 months, who had suffered from persistent respiratory stridor since six weeks of age. No other cases of the kind had occurred in the family, and there was no history of injury at birth or convulsion after. The child, however, showed signs of congenital syphilis. The stridor was entirely inspiratory, and was absent during sleep. It was increased when the child's breathing was irregular or deepened, as after crying, and also by changes of temperature. There were no signs of obstruction. The mucous membrane of the nose and naso-pharynx was generally relaxed, and there was some small amount of post-nasal adenoid present. On examination of the larynx, the epiglottis was seen to be sharply folded and incurved on itself. The aryteno-epiglottic folds seemed to extend from the tip of the epiglottis to the tips of the arytenoids as thinned bands, which were closely approximated to one another.

Thus the upper aperture of the larynx was reduced to a narrow slit with two small openings, the one at the tip of the epiglottis, and the other between the arytenoids. The thin folds seemed quite flaccid, and flapped to and fro on respiration. There was some slight edematous swelling over the arytenoids. The child died suddenly two months later, apparently from laryngeal spasm. A post-mortem had been obtained, and the larynx was

shown. It gave the appearance much the same as seen during life, except that there were evidences of considerable relaxation of the mucous membrane over the arytenoids. The case was brought forward as one of interest on account of the comparative rarity of the disease, the possibly fatal issue, and as confirmatory, by means of post-mortem evidence, of the views put forward by Drs. Sutherland and Lack (*Lancet*, 1897). From the post-mortem appearances it was impossible to consider otherwise than that the stridor was purely mechanical, produced by the valvular action of the upper aperture of the larynx, depending partly on the peculiar malformation and partly on the flaccidity of these parts in infants. If post-nasal adenoids affected it at all, it could only be by rendering the tissues more liable to relaxation, and thus producing still more narrowing of the upper lumen of the glottis.

TERATOLOGY.

Monster by Deficiency.—Dr. Henry Grundy writes to the *Medical Council* as follows:

Was called to see a woman, aged 44, in her fourteenth pregnancy; had had threatened miscarriage four or five months before. At this time there was hemorrhage, with nagging pains at intervals.

I diagnosed placenta previa with almost complete uterine inertia. I also found a very rigid os.

After trying to dilate for some time I got tired, and the patient weak from loss of blood; so I went for help. Two of us worked alternately for three or four hours, then decided to give all parties a rest through the night, after having had hold of a foot for some time and being unable to turn, although we had removed pieces of placenta which combined would be about the size of a hand, and resulting in stoppage of hemorrhage.

In the morning found os more dilated. Had had some pains with very little hemorrhage. We decided to leave her (which we should not have done), and about four hours after a message came that the child was born dead; mother all right but weak, though something queer about the child.

I found the body of medium size and fairly developed; no external sexual organs or anus, the site of these being occupied by a continuation of the skin filled with some kind of fluid; the legs

flexed on back instead of belly; no umbilical cord, the placenta being attached to the umbilical region direct to the extent of a surface about two inches in diameter.

The patient developed a phlegmasia alba dolens. A pelvic abscess subsequently, but is now up and about.

The placenta was unusually large and it was that interfered with the turning of the child.

Absence of Pulmonary Artery.—M. Civatte (*Gazette Hebdomadaire de Médecine et de Chirurgie*) recently showed to one of the French societies an anatomical cardiac anomaly found on autopsy of a cyanotic man who died at the age of 19 from pulmonary tuberculosis. The specimen showed inter-ventricular communication, with total absence of the pulmonary artery and persistence of the arterial bulb.

MEDICO-LEGAL.

Privileged Communications.—A recent court decision in Rockland County, N. Y., emphasizes once more the law regarding privileged communications. A Mr. Jony, having been injured on the Erie Railroad, was attended by Dr. W. C. McKeely, a surgeon in the employ of the railroad. While in attendance Dr. McKeely secured the patient's signature to a written statement concerning the manner in which the accident had occurred. When the doctor was called upon to testify in behalf of the defendant he was asked whether the patient had not observed the train before it struck him. Opposing counsel objected to this as incompetent, being a privileged communication between physician and patient, and this objection was sustained. The judgment rendered in favor of the plaintiff was reversed by the Appellate Court, which held that the prohibition, in section 834 of the Code of Court of Procedure, relating to communications between physicians and patients, extends only to "such communications as are necessary to enable the physician to act in his professional capacity," and does not extend to admissions by the patient of facts having no possible relation to the professional conduct of the physician. This decision permitted the surgeon to testify that during his visits to the plaintiff the latter had informed him that he had not observed the train until he was struck.—*Phil. Med. Jour.*

Damages of Ten Thousand Dollars for Dog's Bite.—A child a little over 4 years of age was suddenly attacked, while playing with her dolls, by a large St. Bernard dog belonging to their master, that had accompanied two servant girls who had called on, and were at the time in an adjoining room engaged in conversation with, the child's mother. The child was ferociously bitten on the face and on the scalp, which was torn loose, resulting in a considerable loss of blood, and, it was claimed, permanent disfigurement. There was also evidence tending to show that four months thereafter she had spasms, which were epileptic, though there was a difference of opinion brought as to whether they were caused by the attack of the dog. A suit against the owner of the dog resulted in a verdict for \$10,000, and judgment for double this amount was entered in the child's favor. But \$20,000 the Supreme Court of Michigan thinks too much, *Fye vs. Chapin*, and has ordered a remittur of \$10,000 therefrom.—*Jour. A. M. A.*

Imputing Adultery to Physician.—A publication in writing, which the law presumes must do damage, is called a libel *per se*. And of this character Mr. Justice Gaynor holds, at a Kings County special term of the Supreme Court of New York, is a newspaper imputation that a physician has been guilty of an act of adultery. Indeed, he says that written charge of adultery against a man or woman always was libelous *per se*. The strange intimation to the contrary in the dissenting opinion in the *Gates Case*, 155 N. Y. 234, he states, is the first that seems ever to have been made. No special damage, he goes on to hold, *Cruikshank vs. Bennett*, need be alleged in the complaint nor proved to maintain an action on such a libel. An allegation of general damage to reputation or to business, or to both, suffices. Special damages may, however, be pleaded and proved in such an action and recovered in addition to general damage; and, to be proved, must first be specifically alleged in the complaint. For example, if loss of patients be claimed, the names and particulars must be stated in the complaint.—*Jour. Am. Med. Ass.*

BOOK REVIEWS.

Annual and Analytical Cyclopædia of Practical Medicine.

By CHARLES E. DE M. SAJOURS, M.D., and One Hundred Associate Editors, Assisted by Corresponding Editors, Collaborators and Correspondents. Vol. I. to V., inclusive. Imperial 8vo. Illustrated with Chromo-Lithographs, Engravings, and Maps. [Philadelphia: The F. A. Davis Co. 1900. Price, \$5.00 per volume. Sold by subscription only for complete set of six volumes.

This is truly a monumental work and is a condensed medical library in itself, treating of all subjects in medicine and surgery in a most lucid manner and calculated to afford the medical practitioner just the information of which he stands in need. It needs no more than a mention of the name of Sajours to insure that the work is complete, and that it is thorough is an assured fact when we consider that the work was done under his direction. And furthermore, it may be added that exactness is guaranteed by the distinguished corps of associate editors who have assisted in producing the work. In fact, any intelligent physician who will take the trouble to examine this work will be immediately struck by its thoroughness, its practicability, as well as value as a well-constructed work of reference.

This publication has the alphabetical arrangement, and, unlike dictionaries or the ordinary cyclopedias, it does not dispose of the subjects summarily, but comprises a concise statement of the generally accepted methods in vogue, in large type; while in smaller type, on the same page or farther on, can be found the opinions of well-known authorities bearing upon whatever may be debatable on the subject in hand. In this manner the reader is afforded the views of reliable authorities, differing perhaps, but giving a better and clearer view than could be gained from the ideas of any single one author. These opinions are culled from the medical literature of the three preceding years, and the reader is thus afforded a retrospect of the best things which have appeared in the medical journals of the world during this period. The advantage of this over an annual devoted to merely recording the progress in medicine and surgery lies in the fact that cognate subjects are closely grouped and the views of different authors given at those points where they fit in to the best advantage. The difference in type also enables the reader to easily skip these without interfering in the least with its continuity of the other portion.

We are sure that this publication will be hailed with delight by all those practicing physicians who, whilst they cannot afford large libraries, are still desirous of obtaining literature which will

keep them abreast of the times and be procured at a cost within their means. To all it will prove a most handy reference work, easily accessible, in which everything can be easily found on account of the systematic method which has been pursued. Another advantage which may be mentioned in connection with this work is that the publishers will send each one for three years following each subscription a monthly supplement without charge, so that a doctor can have a complete synopsis of the latest journal literature to reinforce his system of reference. This will be known as the *Universal Medical Journal*.

These volumes are printed in a clear manner, upon most excellent paper, and bound artistically. The illustrations are excellent, and the chromo-lithographs are done in the highest style of art. The publishers have been most liberal in the matter of illustrations and plates, and we have no doubt whatever that this latest publication of the firm of F. A. Davis & Co. will meet with an unprecedented sale, both in this country and abroad. Dr. Sajous may well be proud of the work he has so ably guided to a successful issue, and all those concerned in its production may point to it with pride.

Normal Histology. By EDWARD K. DUNHAM, Ph.B., M.D. Second Edition. 8vo., pp. 318. Illustrated with 244 Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$2.50 net.

This volume is really but the first part of Prof. Dunham's work on Histology. The companion volume on Pathological Histology is actively preparing, and from the volume before us the entire bids to be one not only complete and full in its treatment of the subjects it embraces, but also one thoroughly modern in its methods, and such as every worker with the microscope must have to guide him in his work. It readily suggests itself that without a good knowledge of normal histology, pathological changes can neither be recognized nor properly recognized or interpreted. Whilst both subjects have been embraced in one volume for the advantage of students, we must confess our partiality for the separate volume, and we think that many teachers will share with us in this opinion.

But to return to the volume before us. It is one which it is indeed a pleasure to handle. The text is clear, and the numerous illustrations are truly beautiful. The student is taken by slow gradations from the cell through the various tissues, including those of special function, to the organs, the central nervous system, and ends with the organs of the special senses. All the foregoing is embraced in Part I. In Part II. is taken up Histological Technique, without which the study is null and void. By its aid, however, the student may acquire a small collection. The descriptions are all well written and have only one fault, that of

not being quite as complete as the reader would wish them. This, however, can hardly be looked upon as a fault, for the student will find himself impelled to pursue further investigations, which after all is the more desirable method. We would have liked to see a little more attention devoted to developmental histology, which is certainly not only fascinating, but of the greatest value to the student of pathology. Yet, this will hardly be missed by the students for whom this book is intended, and when the necessity is felt the larger treatises may be consulted.

The publishers have made a handsome volume of this, the paper being of a superior quality, equal to that used for the best plates, in consequence of which the printing, both of the text and of the illustrations, comes out clear and sharp. We have noted but one slight thing tending to mar the general aspect of the whole—the skin is placed on page 195 in the table of contents when it should be 196. The book is so handsome and its contents so valuable that this will not militate against it. The publishers are to be complimented upon the good work they have done.

A Text-Book of Practical Therapeutics. With Especial Reference to the Application of Remedial Measures to Disease and Their Employment upon a Rational Basis. By HOBART AMORY HARE, M.D., B.Sc. Eighth Edition, Enlarged, Thoroughly Revised, and Largely Re-written. 8vo., pp. 798. Illustrated with 37 Engravings and 3 Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$4.00 net; leather, \$5.00 net.

The author of this text-book is to be congratulated upon the success with which it has met. Less than ten years ago the first edition appeared, and this has been followed by successive larger ones until to-day we have the eighth laid down before us for review. It certainly is a marked improvement upon its predecessors, and it bids in its turn to achieve the same if not even greater success. This would in no wise surprise us, in view of the fact that the present is re-written and has had a large number of additions made. The latest remedies, which have stood the test of clinical experience, are incorporated in the text so far as their descriptions and therapeutic properties are concerned. And we wish to state right here that it is in this very respect that Dr. Hare shows his best powers. He elaborates the subject of therapeutics quite fully and gives the rationale of the action of remedies as well as the disease processes in which they are indicated.

One of the traits of this work which has been prominently brought to the front is its practical character. Taken in conjunction with Hare's Handbook of Practical Diagnosis, a physician will find himself well armed with these two works. They hardly could take the place of a whole library of medical works; but as reliable and valuable works for ready reference it would be diffi-

cult for us to name two as valuable. We do not know that their superiors exist. A most useful part of this book is the Special Index of Diseases and their Treatment. Whilst but small indications are given in this index, the references to the text lead the reader to an elaboration of what is there merely hinted at and thus furnishes a ready and rapid method of arriving at what is desired.

The book is gotten up in the Lea's usual good style. The illustrations are apropos, and altogether the book is so improved that it promises to excel former editions in popularity, as it certainly will in usefulness. It is hardly necessary to state that we can heartily recommend it to physicians and undergraduates in medicine.

A Practical Treatise on Sexual Disorders of the Male and Female. By ROBERT W. TAYLOR, A. M., M. D. Second Edition; Thoroughly Revised. 8vo., pp. 438. With 91 Illustrations and 13 Plates in Color and Monochrome. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$3.00 net.

This work is beyond doubt one of the most successful medical treatises published in late years, if we are to judge by the rapid exhaustion of its first edition. That it would be successful is unquestioned, for anything emanating from the pen of Dr. Taylor is always sought after by intelligent and progressive medical men. His larger work on Venereal Diseases is a classic and will remain such for many years to come. The one before us is in reality a supplementary work to that, and contains those subjects which, whilst they could not be properly included within its pages, are eminently cognate.

We recognize in it the same painstaking efforts at thoroughness which characterize the author in everything he writes, as well as lucidity of description and general reliability in methods of treatment. He makes this latter clear, and practicality is a leading trait of his therapeutics. Thoroughness is the characteristic of the work before us. Beginning with a classic description of the anatomy and physiology of the sexual organs, he leads us up to the aberrations in the latter and does not omit the malformations in the former. By means of these the author is enabled to render his subject clear and bring it within the understanding of any intelligent physician or surgeon. He deals more particularly with those subjects which have proven the leading articles in the quack's armamentarium.

Dr. Taylor very justly observes that works heretofore have been very unsatisfactory, from the fact that authors have relied on a few symptoms, and from these have endeavored to build an imperfect, unreliable and inadequate as well as hypothetical system on sexual disorders, chiefly in the male. In the present

edition much has been added which will be of more than ordinary interest. Among these may be noted chapters on vaginismus, masturbation in women, and kraurosis vulvæ. Many other interpolations have been made, such as those on enlargement of the dorsal veins of the penis as a cause of impotence, on syphilitic edema of the penis, tuberculosis of the prostate, and tuberculosis of the seminal vesicles. Sexual perversion is alluded to in a very short chapter, whilst sterility in the female and masturbation in both the male and female receive adequate attention.

We could continue reviewing different portions of this treatise, but it would be a piece of supererogation to endeavor to impress our readers with its valuable points. The author is too well known to the English-reading medical public to need any words of commendation at our hands. No one who has ever read any of his contributions to medical literature, in book form or otherwise, needs more than an announcement of the fact that one of his new works has been issued to make him procure a copy of it and read it with increased interest and profit. The work before us is a distinct success, and this edition is a particularly valuable one, both on account of the additions to the text and the increase in the number of illustrations and plates. We heartily recommend it to both general practitioners and specialists, and know that none will ever regret having obtained a copy. O-D.

A Text-Book of the Medical Treatment of Diseases and Symptoms. By NESTOR TIRARD, M.D., Lond., F.R.C.P. Adapted to the United States Pharmacopœia by E. Quin Thornton, M.D. 8vo., pp. 632. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$4.00 net.

As the author of this book very pertinently remarks, treatment, the most important subject in medicine, has been neglected or merely hinted at by authors of works in the practice of medicine. The work before us has been needed for a long time. Every one who reads these lines will remember how, after acquiring the much coveted diploma for which he had worked, his greatest desire was to have a case. This came, and the diagnosis being made, the pathology being clear, the only desire of the patient could not be satisfactorily met so far as treatment was concerned. It is this chasm which the author of the present text-book has bridged for the learner. He has given in detail the most modern and approved treatment of every disease. He has gone even further, by dwelling upon the pressing symptoms, complications, stages, and prophylaxis of the various diseases.

In fact it may be said that he has filled the hiatus which every one noticed existed in the works on practice of medicine so far issued. The result of the labors of the author has been the production of a work which completes all the works on the principles and practice of medicine, and may be used in conjunction with

any one of them. It is adapted to the needs of any physician who does not know it all and who can still learn. The book is eminently modern and has been written with more than ordinary care. Whilst the author is an Englishman, a competent American has adapted it to the United States Pharmacopœia.

We are sure that this book will meet with a large sale, for it cannot fail of being advantageous to everyone—student, physician, and especially patient. The publishers have certainly done a good service to the American medical profession in placing this book before it, and we would feel greatly disappointed did not every physician and student avail himself of the opportunity of obtaining a copy thereof.

A Manual of Obstetrical Technique, as Applied to Private Practice. With a Chapter on Abortion, Premature Labor, and Curettage. By JOSEPH BROWN COOKE; M.D. 12mo., pp. 109. With 19 Monochrome Plates and 9 Illustrations. [Philadelphia: J. B. Lippincott Co. 1900.

This little book should be in the hands of every young medical practitioner. It is short, plain, and thorough. The author has succeeded in his object of instructing the physician how to be clean and aseptic in private practice to as efficient a degree as in a lying-in hospital. He does not deal in glittering generalities, but gives some amount of attention to details, and enters into the question of technique with thoroughness. In order to impress his teachings upon his reader he has introduced a number of well-executed plates illustrative of the points he desires to make. In this manner the technique is made perfectly clear and the various manipulations easily understood. As its title indicates, this is no text-book on obstetrics, but rather a supplement which should certainly be a companion work to each one. It is devoted to technique pure and simple, and it is good. It is a little work of this sort, devoted to one branch of a large subject and correspondingly elaborated, which makes medical men thorough in the practice of their profession.

The book is well gotten up and will be largely taken up by teachers of obstetrics and accoucheurs.

The Clinical Examination of Urine. With an Atlas of Urinary Deposits. Including Forty-one Original Plates, mostly Colored. By LINDLEY SCOTT, M.A., M.D. Quarto, pp. 56. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$5.00.

As its title implies, this is a little work devoted to the clinical examination of urine. It is thorough, and gives in a very clear manner both the qualitative and quantitative methods which have been found by the author to be the most reliable in their results. The tests are such as almost any practitioner of medicine can carry out successfully, and having determined the chemical

changes, he will then find himself ready to examine into the microscopic appearances presented by a suspected sample. It is in this respect that the book before us is superior. The forty-one plates, with the exception of one, are all original with the author. He has given us clear and easily-understood pictures. All the pathologic forms are pictured and each plate has an explanatory page descriptive of the plate as well as an indication as to the significance of the findings which are pictured.

This book, taken as a supplementary work to treatises on cystic and renal diseases, will be found to be an invaluable help. It tends to render clear many an obscure passage and aid in the easy understanding of many obscure or difficult passages. On the whole, it forms a good reference book as well as laboratory guide for the practicing physician.

We can conscientiously recommend this book to our readers; and before closing we desire to commend the publishers upon the handsome appearance of it as well as the superior workmanship it shows.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

The Clinical Examination of Urine, with an Atlas of Urinary Deposits, including Forty-one Original Plates, mostly colored. By Lindley Scott, M.A., M.D. 4to., pp. 56. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$5.00.

A Text-book of the Medical Treatment of Diseases and Symptoms. By Nestor Tirard, M.D., Lond., F.R.C.P. Adapted to the United States Pharmacopœia by E. Quin Thornton, M.D. 8vo., pp. 632. [Philadelphia and New York: Lea Bros. & Co. 1900. Price, \$4.00 net.

A Practical Treatise on Sexual Disorders of the Male and Female. By Robert W. Taylor, A.M., M.D. Second Edition, Thoroughly Revised. 8vo., pp. 438. With 91 Illustrations and 13 Plates in Color and Monochrome. [Philadelphia and New York: Lea Bros. & Co. 1900. Price, \$3.00 net.

A Text-book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and Their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., B.S.C. Eighth Edition, Enlarged, Thoroughly Revised and Largely Rewritten. 8vo., pp. 798. Illustrated with 37 Engrav-

ings and 3 Colored Plates. [Philadelphia and New York: Lea Bros. & Co. 1900. Price, cloth, \$4.00 net; leather, \$5.00 net.

Normal Histology. By Edward K. Dunham, Ph.B., M.D. Second Edition. 8vo., pp. 318. Illustrated with 344 Engravings. [Philadelphia and New York: Lea Bros. & Co. 1900. Price \$2.50 net.

Annual and Analytical Cyclopædia of Practical Medicine.—By Charles E. de M. Sajous, M.D., and One Hundred Associate Editors, Assisted by Corresponding Editors, Collaborators and Correspondents. Vol. I. to V. inclusive. Imperial 8vo. Illustrated with Chromo-Lithographs, Engravings and Maps. [Philadelphia: The F. A. Davis Co. 1900. Price, \$5.00 per volume. Sold by subscription only for complete set of six volumes.

A Manual of Obstetrical Technique, as applied to Private Practice, with a Chapter on Abortion, Premature Labor and Curettage. By Joseph Brown Cooke, M.D. 12mo., pp. 109. With 19 Monochrome Plates and 9 Illustrations. [Philadelphia: J. B. Lippincott Co. 1900.

The University Medical Magazine is now under the entire control of the Board of Trustees of the University of Pennsylvania, and now it is proposed that the magazine shall hereafter be the organ of the Department of Medicine, and that it shall be creditable to that department. In addition to the columns devoted to original contributions proper, will be found: First, a department reserved for the publication of hospital reports, i. e., reports of such cases under treatment in the University Hospital as are of more than usual interest; secondly, the Proceedings of the University of Pennsylvania Medical Society, recently organized; thirdly, an abstract department; and fourthly, the summaries of titles of such papers written by members of the hospital and teaching staff as may appear elsewhere than in the magazine. In this manner it will keep its readers fully informed of the nature of the work that is being done in the clinic, the laboratory and the lecture hall, by the members of the teaching staff and the staff of the hospital.

Keep Tab on Time.—Believing thoroughly that “a thing of beauty is a joy forever,” and that an article of beauty and utility combined is worthy of preservation, the New York Pharmaceutical Association has prepared for distribution to the medical profession a handsome and artistic *perpetual* calendar, which is now ready for mailing. Instead of presenting a calendar at the beginning of the year, according to the usual custom, the above company prefers the season when the physician is not deluged with all sorts and conditions of chronological recorders, and is thus better enabled to welcome and appreciate such an addition to his

office. The new Lactopeptine Perpetual Calendar is not intended for hanging upon the wall, but to stand upon the doctor's desk, and for this reason has a strong easel back to support it. The coloring is exceedingly soft and attractive, consisting of delicate shades of lavender, purple, crushed strawberry and buff yellow. The few words relative to Lactopeptine are entirely unobtrusive, and do not interfere in the least with the general artistic effect. In the near foreground on either side are two gracefully-draped female figures with flowing hair; around the edges appear the various signs of the zodiac. One of these calendars will be sent to any physician who may request same.

MELANGE.

A Would-Be Doctor.—Among the many letters of inquiries of which medical colleges are recipient are some which call attention to the standard of medical education of the past as compared with that of the present and prospects for the future advancement, and of the great value of local medical societies as an aid in attaining that end. The following copy of an address of a letter is a sample out of the many: "deen of Poast graduat Med School of cansis citty" This came from the great State of Kentucky, where officials are placed in office under saber's clash and cannon's mighty roar. One will observe at a glance that the doctor has evidently heard of such a "poast graduat school" and has decided after long consideration that "cansis citty" would undoubtedly be the most likely city for the location of this school. Had the doctor attended his local society regularly he might have been placed in possession of the desired information, but probably business called him elsewhere. A medical journal would not be a bad thing for such "doctors."—*Kansas City Med. Index-Lancet.*

A Prolific Family.—Among recent returns of births for the State of Maryland was a birth certificate sent by Dr. J. V. Wallace of Chesapeake City, who reported the birth on February, 23, 1900, of Warren Oliver. Besides the mother, who was unavoidably present, the birth was waited upon by the grandmother, and great-grandmother, while in a near-by house the news was re-

ceived by the great-great-grandmother. From this last-named lady, now only seventy-two years of age, there have sprung eleven children, of whom eight are living, and fifty grandchildren, of whom eighteen are living. There are twenty-two great-grandchildren living, and there have been two great-great-grandchildren, one being the child Warren Oliver. The record does not give the number of great-grandchildren dead, but the figures given show that there have descended from this very superior mother eighty-five children, of whom sixty-three are living. The number of plural births is not given, but the oldest daughter, now fifty-two years old, had twins four times. This is a very remarkable record.—*Maryland Med. Jour.*

Hypocrisy in Office.—Nothing is so interesting to the student of nature as contemplation of the varying phases (we refrain from writing faces) of human psychic activity. In the March number of this journal it was pointed out that a certain officer in a representative medical organization had, upon what he considered adequate occasion, frankly exclaimed: "To hell with medical ethics!" It is distinctly interesting to find a letter from this gentleman in a recent issue of a leading medical weekly in which he fluently described the desirability of heading "the list of individuals and organized societies in all that appertains to ethics or good morals." In this phase may be noted evidences of unfamiliarity with his subject-matter in the tautology of "ethics or good morals." The solicitude for the general moral welfare of the profession displayed by gentlemen of this stripe, who on occasion recklessly consign medical ethics to an excessively sultry climate, is indeed truly touching. If the profession, however, wishes, as it does, to maintain as consistent an endeavor to promote good morals as possible, it must assuredly refrain from placing such individuals in places of professional trust and confidence. Men of this type have too often in the past, and indeed in the present, by their smiles and pretty sayings, blinded their fellows to their underlying hypocrisy and self-exploitation, and have readily secured for themselves, because of their incessant activity in self-seeking, professional positions of honor and responsibility. Necessarily the profession is judged, particularly as to its medical societies, by the type of man it puts to the front. It is true that these mistakes are seldom made and that it grows in-

creasingly difficult for the cynical sneerers of principle to hoist themselves into high places.—*Cleveland Journal*.

Death of Fessenden Nott Otis, M.D., New York.—Dr. Fessenden N. Otis died on Thursday, May 24, in New Orleans, at the age of 75 years. He was born in Ballston Spa, N. Y., on March 6, 1825, and was graduated in arts from Union College. His medical degree was conferred by the New York Medical College in 1852, and in 1876 he received the honorary M.D. from the College of Physicians and Surgeons in this city. After serving a year at Blackwell's Island Hospital he passed some years as surgeon on vessels of the United States and Pacific Mail steamship companies, and was later superintending surgeon on shore of the Pacific Mail Company. In 1862 he was appointed a police surgeon, and was president of the medical board of the police department for several years. In 1862 he was appointed lecturer on diseases of the genito-urinary organs at the College of Physicians and Surgeons, and clinical professor in the same branch in 1871. He was also connected at various times with many dispensaries and hospitals in New York City.

Early in his medical career Dr. Otis turned his attention to diseases of the genito-urinary system, and his labors and teachings contributed much to the advancement of this specialty. His views regarding the normal calibre of the male urethra were thought extravagant at the time they were first propounded, and he was obliged to defend them stoutly in many rather heated discussions before medical societies and in the medical press. He was the inventor of many urethral instruments, especially dilating instruments, and was the author of many papers and works on genito-urinary diseases and syphilis. He also wrote several works on the tropics and the Panama Railroad, and before graduating in medicine published a book of instruction in drawing.

Ten years ago Dr. Otis resigned his medical positions and retired from practice, traveling for a long time in Japan and the Far East. He never lost his interest in medicine, however, and used frequently, while in New Orleans, to attend the clinical lectures at the Charity Hospital in that city.—*Med. Rec.*

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 716.

VOLUME LXXIX.—AUGUST, 1900.—No. 2.

ORIGINAL COMMUNICATIONS.

SYPHILIS COMPLICATED BY LUPUS VULGARIS.*

BY A. H. OHMANN-DUMESNIL,

Consulting Dermatologist to the St. Louis City Hospital; St. Louis Female Hospital
etc., of St. Louis.

Gentlemen:—Whilst going through the wards of the hospital this morning I had occasion to observe an exceedingly interesting case, concerning which I desire to say a few words. Before speaking of the case I desire to premise my remarks by calling attention to a few points in connection with the subject. Whilst at college you were given lectures which dealt principally with types, aberrant forms, or unusual or rare conditions forming but a very small proportion of the sum total. To-day in your hospital work you are brought continually face to face with that which seems strange or unfamiliar. It is only by dint of observing and carefully noting symptoms that the final result will be brought about of being able to clearly read symptoms which before appeared so obscure and to hold the threads of what seemed an inextricably tangled skein. In no department of medicine is this more true than in syphilology. You have heard time and again that syphilis is a protean disease, assuming a myriad of forms and imitative of other diseases, not only of the skin but of the various viscera and locomotor system. It is here that it behooves you to be always alert. It is a good plan to ascertain whether

*Clinical lecture delivered at the St. Louis City Hospital to the Internes.

your patient has had syphilis. But be always careful not to ask leading questions; for the patient, especially if he be syphilitic, will endeavor to mislead you and will strenuously deny his ever having had the disease if the physician merely indicates that he is not sure. As I have just said, always look for syphilis if there be the slightest foundation to suspect its presence, and your search will often meet with an adequate reward. Do not be deterred in this search by the criticisms of others. I have been accused of looking for syphilis everywhere, and I have found it, not everywhere, but in many places where its existence was not even suspected. As I have often said, syphilis is disseminated throughout the world, and many cases supposed to be cured will exhibit manifestations of the disease when least expected.

The case which I propose to demonstrate is one in which such complications as would deter one not well acquainted with the characteristics of the diseases which are shown from even making an attempt at a diagnosis. The simultaneous presence of a cutaneous form of syphilis in conjunction with a dermic process, which is sometimes simulated by the former, forms a problem of the most intricate sort from the point of diagnosis. These are the examples which lead to study, and yet one faculty is a prerequisite in order to arrive at a satisfactory conclusion. This faculty or rather art is one which can be acquired, but with more facility if there exist a natural aptitude. What I allude to is the power of being able to see the two diseases simultaneously and disassociated from one another, as it were. It is the exercise of two functions or seeing two things independently, despite the fact that they are intimately connected. It is like looking at an object in a microscope with one eye, and at the same time making a drawing of it with the help of the other and without the aid of a camera lucida.

The case I present is one which offers these peculiarities, and it is a rather complicated one, in which the symptoms are obscure. Before proceeding to an analysis I will read to you the history such as I received it from the ward physician:

Dan C——, aged 36, a native of Illinois, was sent to St. Louis by citizens of Springfield, Mo., who made up a purse for the purpose. He is a married man, but apparently unable to earn a living for himself and family.

Past History.—He has had measles, whooping cough and all

other diseases of childhood. Has had malaria, pneumonia, gonorrhea (several times) and syphilis. Has chewed tobacco for thirty years and quit the habit just a couple of weeks ago. In addition to this he smoked, likewise drinking beer considerably.



FIG. 8.

He states further that he always led a very dissipated life, carousing around nights and running after women.

Family History.—Father and mother, five brothers and three sisters are living and in good health. One brother died of diphtheria. Paternal grandmother is still living; all other grandparents are dead. His wife has always been in good health until lately. Patient states that now she has swollen inguinal glands,

continuous sore throat, and generally impaired health. He expressed the opinion that she had syphilis. They have two children, both of whom are in good health now, so far as patient can see. Both are boys and during their infancy were ill a great deal. Close questioning cannot elicit any history of hereditary syphilis in either. Both were always fretful and feverish and subject to frequent fits.

Present History.—About six years ago the patient got into a fight and received a scratch under the right eye, caused by his antagonist's finger-nail. This wound showed a disposition not to heal; but finally was nearly healed when patient got into another fight and this time was struck with a brick on the side of the head, this blow causing quite a considerable wound on the face, the scar being still visible. This wound was slow in healing, and before it had done so patient noticed pimples appearing on the face, which would grow to the size of tubercles, break open and discharge a thin yellow fluid. These broken-down tubercles would spread until four or more, in close proximity, coalesced, forming an ulcer of considerable size. This process continued until the whole face, including the forehead, became involved. The growth on the right side spread behind the ear until it covered the entire mastoid region and passed backward to nearly the median line of the neck. It passed entirely around the external ear from below, upward, not involving the skin or the external ear at all. On the left side it did not pass quite to the ear nor below; it has not passed below the margin of the jaw. Above it has slightly extended into the hairy region of the head. Patient states that to-day the growth is not one quarter as bad as it was. But it presents a marked elevated border; the raised tissue being composed of easily discernible papillary excrescences, which are dry and hard. The localities which attract the most attention are the eyes and nose. On the right side the eyelids are completely destroyed. The right eye is also destroyed, nothing but a small portion of the cornea being visible. When the patient winks the remains of the ocular globe may be seen to move. He is not able to see anything with that eye. Below and extending slightly outward from this eye is a bright red raw, moist surface, occupying a space that could be covered by a dollar. The left eye is plainly visible, vision still being normal, but the lids are everted and show marked destruction.

Covering the nose there are large wart-like crusts, formed in cauliflower shape, extending from the surface, in places, to the height of half an inch. Patient states that they have been as much as two inches high. Other portions of the face look fairly



FIG. 4.

healthy. The mouth is diminished in size and can not move. The nose appears to be stopped up just now, but still the air passes through, and a few months ago this was not possible. Patient is troubled with a hacking cough, due to the saliva passing back of the epiglottis. When he coughs the noise is like sneezing, caused by the air passing through the nose during the

expiratory effort, showing some involvement of the soft palate. I have not been able to obtain a good examination of the buccal and pharyngeal cavities on account of the smallness of the mouth as well as inability to open it. The odor connected with the growth is a very strong, sickening one, the discharge being yellowish.

Examination of the lungs shows slight dullness on the right side, with harsh breathing, but no râles.

The circulatory and urinary systems give negative results. Figures 3 and 4 give the appearances presented on the day patient was brought to the attention of the internes, the day after the above history had been written.

Such, gentlemen, is the history with which I have been supplied. I have been able to add some little to it which may possibly prove of some value. As you have doubtless noticed, the patient walks with an uneven, unsteady gait, and manifests symptoms of pain. When but slight pressure is exerted over the tibiæ, the sternum, and the clavicles, marked pain is elicited. The voice is raucous and harsh, and articulation is imperfect and difficult. There is constant pain about the left eyelids and the remains of the right eye. Pus is continually exuding from these parts. Altogether, this individual is a most sorry and miserable specimen of a human being. His intelligence is below par and his moral perceptions may be classed as nil. His disposition is mean. He gets fits of the sulks and will either refuse to answer questions or will indulge in ill-natured abuse. Since his photographs were taken, at my request, about an hour ago, he positively detests me and takes a malignant pleasure in saying so. His low mental grade may be easily surmised from the history of himself which he furnishes, and his moral irresponsibility may be judged from the fact that he married with the full knowledge that he was syphilitic and still able to transmit the disease. To sum up the individual in the shortest way possible, it is only necessary to state that he is a degenerate of the brutal type.

One of the first things to attract our attention in an examination of the case is the fact that it is the face and a portion of the neck which present evidences of the process which is at work. Although it is not stated in the history, there can be no doubt that the patient has had some small amount of treatment. The evidence he presents, however, would lead us to suppose that it was

not energetic. It was not followed and every symptom was aggravated by the patient's dissolute habits. He still presents good evidence of a former rugged and robust constitution, which, as you know, is a great factor in mitigating the ravages of syphilis. The fact that the face is implicated to such a degree is evidence that some other factor must have been at work to produce such an effect. Now, how can we determine that syphilis exists? It is an unfortunate fact that up to the present we do not possess the means to afford us a bacteriological demonstration, so that we must rely upon the objective symptoms presented. In the first place there is general bone involvement and it is not such as we would find in ordinary troubles of the osseous system. It is rather the characteristic involvement peculiar to tertiary syphilis. From the account given it must have been at least six years ago that the disease was contracted, and this is not a short time for tertiary syphilis to declare itself when we take into consideration the fact that some cases have been seen eighteen months after the chancre appeared. Another indication pointing to syphilis is the saddle-back nose, which distinctly shows the loss of the nasal bones, and there is evidence of present necrosis still progressive. The odor is that characteristic of syphilitic necrosis, and, as you all have doubtless observed, it is a peculiar fetid, sickening one, very suggestive of putrefaction. And it is not the nose alone which emits this odor, but the breath has the similar smell, which is so plainly indicative of luetic ulceration of the throat. The raucous voice points to laryngeal involvement and implication of the vocal cords, so ordinarily seen in syphilitics both in its earlier and later stages. The crusts are a further indication. They are thick blackish-brown, heaped up, fairly adherent and underlain with a dirty, greenish, sanious pus of a very offensive odor. Some have many of the characteristics of rupia.

On the back of the neck you may see a lesion which is crustaceous, on the scalp are present small areas showing alopecia of that form peculiar to syphilis. The ears have escaped implication, but the mucous membranes, on the other hand, are involved in a low-grade, chronic catarrhal inflammation where thickening and ulceration has not taken place. Under the right eye there exists a softish tumor, which is painful on pressure, of a rather dark-red color and very strongly suggestive of a gumma with implication of the malar bone. The peculiar ridge on the right

cheek going upwards, extending at right angles backwards to a point a little in front of the ear, then directly upwards to the line of the hair, and following this rather irregularly to the left side to a point opposite the ear, is of more than ordinary interest. It is of a crustaceous nature, but only three-quarters of an inch in width and looking like a ribbon at a certain distance. It is certainly indicative of a process which has been going on and was arrested by some means or other which it would be very difficult to determine at present. Be this as it may, we have evidence of ulceration having taken place in the integument, scars, distinctly syphilitic in character, being present. All these signs taken in connection with the history of the patient furnished by himself, furnish a complete chain in proof of syphilis being present.

On the other hand, you will note that on the right side of the face and neck more particularly we have shown to us a condition which is clearly indicative of lupus vulgaris. The disease is one which is rather unfamiliar to the medical profession in this country on account of its infrequency. Whilst a very common condition in Austria and Germany, and almost as much so in France and Great Britain, it is far from being seen frequently in the United States and could be easily called an uncommon occurrence. Those lupus patients whom I have had occasion to see here were, with a few exceptions, Europeans, in whom the first manifestations of the disease were observed in their native country. The peculiar appearance and form of the lesions in the case before us are very characteristic. In addition to this we have certain other signs which are found in advanced cases of lupus. Thus the destruction of the eyelids of the right eye, the involvement of the cornea and the practical destruction of that organ are very suggestive. The ulceration about the mouth and the cicatrization leading to its narrowing are also features of lupus in its destructive stage. The sharp, lancinating pains which occasionally occur and the constant dull ache are also among the symptoms found in lupus. The peculiar method of spreading centrifugally and healing as the process goes on, so ordinarily seen in lupus, is well exemplified on the neck. I have stated that the involvement of the vocal cords in this case is one of the confirmatory signs of syphilis. The vocal cords are also subject to the attacks of lupus, but an inspection of the buccal mucous membrane, so far as it can be made, shows that it is syphilitic in the

case before us. When we examine the left eye and see the eversion of the eyelids we are confronted with a condition also strongly suggestive of lupus. Taking with this the fact that only the face and neck are attacked, those sites of predilection of lupus, we have additional testimony of an objective nature. It is also a question in my mind whether tuberculosis of the lungs is not beginning or even established in this patient. There is dullness present, with rough breathing, and no râles apparent. I am sorry that no examination of the sputum for tubercle bacilli has been made.

At first glance the patient before us would suggest tubercular leprosy. As you will observe, his face presents that general disfiguration which is observable in cases of this character, but he has none of the other stigmata of that trouble. I mention this because he is affected by two members of that trilogy each one of which possesses general features in common with the others. Thus you will find that they are undoubtedly caused by a bacillus—tuberculosis and lepra. From analogy we will have to direct our efforts in the direction of discovering the bacillus of syphilis, and I have no doubt that some bacteriologist will succeed yet in doing so and successfully demonstrate his discovery. In the next place, these three diseases are due to an infection, and by this I mean that the specific micro organism is implanted in favorable soil. Some are immune to tuberculosis and to leprosy, as is well known. Others, and they are few, are immune to syphilis, as I have had occasion to observe in a very few rare instances. Furthermore, all three diseases are chronic in character and, what is much more to the point, they all attack every tissue of the human organism. Their manifestations are polymorphous so far as the tissues affected are concerned, and are also analogous to a great extent. You must not forget that lupus is essentially a tuberculosis of the skin, and in a great proportion of cases there is a tuberculotic infection of the lungs. But to resume. These three diseases, being closely allied, are nevertheless not manifestations of the same process, as some have endeavored to advance in the case of leprosy and syphilis. Far from that, so great is the dissimilarity that a leper may contract syphilis or tuberculosis; a syphilitic become tuberculous or leprous; and a tuberculous patient syphilitic or leprous. I am not yet aware of any one having had all three of these diseases, and yet it is not beyond the

bounds of possibility or even probability. We have here before us to-day an individual who is affected by both syphilis and tuberculosis, of the skin at least, if not of the lungs, as I have good reason to suspect. And yet, despite the grave condition which he presents, he is not in a hopeless condition. He is in one which demands energetic measures properly applied.

The question which most naturally suggests itself to you is as to what the nature of the treatment should be. In this particular case it must partake of the nature of one adapted to the exigencies which are present. So far as internal treatment is concerned, it should be directed to the syphilitic condition; and, in view of the fact that there is bone involvement and possibly gummata of the deeper organs there can be no doubt that iodide of potassium is indicated. Do not hesitate to give this remedy in efficient doses. The disease has arrived at such a stage that it not only requires but actually demands large doses. And by large doses I do not mean ten or twenty grains at a dose. Begin with ninety grains thrice daily and watch the effects for a few days. If at the end of four or five days you do not perceive improvement increase the amount thirty grains each dose. This is the only method to pursue when brought face to face with a case of syphilis as severe as the one before you and so far advanced. I had not procured satisfactory results, especially in one case which I can recall, until one ounce of the iodide was given three times a day, and recovery from the symptoms was not observed until the patient had ingested twenty-eight pounds. Of course, it is not every case which can support large doses, and if the dose I first mentioned produces untoward symptoms it must be reduced. On the other hand, you must not forget that the tolerance of a remedy frequently depends upon the manner in which it is administered. Thus in the present case the iodide of potassium should be given in large quantities of milk, preferably after meals, from which as much of the starches have been eliminated as is possible. To further prevent irritation and iodic intoxication it is well to administer pretty large doses of bicarbonate of soda in water. Each one should be given about an hour after the iodide has been taken. As you will readily understand, the milk in which the iodide is administered acts as a protective agent to the mucous membrane of the stomach, and the soda salt acts as an antagonizer to the iodine. So much for the internal treatment.

The external measures to be employed in this case are perhaps a little more complicated than if syphilis alone were present. The first thing is to remove the crusts, in order to have a better and cleaner field upon which to operate. To attain this result it is only necessary to apply gauze saturated with a one to a thousand solution of bichloride. The crusts will soon separate and leave a more or less raw suppurating surface. The next thing, of course, is to clean off all the pus. This having been done the diseased surface should be thoroughly curetted, a continuous irrigation with a one to five hundred solution of bichloride of mercury over the field of operation being used. As the curetting is done care should be taken to note the parts implicated by the lupus process. The next move is to place pieces of gauze, saturated with the same solution, on the lupus patches, those purely syphilitic in character being dressed with iodoform. This operation is not so painful as might be supposed from the appearance of the condition. Necessarily, a great deal of vigilance is to be exercised in order that any recurrence of the lupus may be nipped in the bud. The syphilitic lesions will readily heal and this very amelioration will furnish an excellent guide so far as the lupus is concerned and act as a differentiating factor, thus facilitating an easy recognition of the one disease as distinguished from the other.

There remains but little to say in connection with this case. You will find the patient a member of that class who are obstinate and notoriously hard to handle. He has already made up his mind as to what he will do, no matter what treatment is ordered. He does not possess sufficient intelligence to understand the gravity of his state and cannot be consulted upon any point connected with his case. The method I have outlined should result in a fairly rapid improvement and lead to an ultimate cure. In case the face becomes healed, an attempt should then be made not so much for cosmetic purposes as for comfort. A cheiloplasty would be a proper operation, so as to give him a mouth of larger proportions than it now is and thus afford him more comfort to eat and speak. Furthermore, the nasal cavities should be curetted and, in fact, a thorough overhauling made of his entire head. The soft palate, pharynx, larynx, tongue and other parts implicated could then be reached and adequately treated.

You now have had an opportunity of appreciating to a fuller extent a case which you regarded as a horrible curiosity and which, as a matter of fact, is not a common condition or observed often, even by those of extensive experience and practice. Among the more interesting points is the one that the lupus did not declare itself until after the syphilitic infection. As a rule, lupus manifests itself rather early and not so late as it evidently did in this case. Another interesting point is the fact that the syphilitic process implicated the deep structures more than the superficial ones, with the exception of the face and neck. And I have no doubt that even this would not have occurred had it not been for the fact that there existed lupus ulceration on the face, thus converting it into a *locus minoris resistentiæ*. The more you consider this case the more interesting points will you find on which to ponder. I have but given you a mere sketch and it remains with you to fill out the details by observing the patient and studying the objective symptoms which he presents. You will find much that is instructive and more that is interesting. It is, all in all, a case such as few have an opportunity of observing, more especially in general practice, and for this reason the records of the isolated cases seen are few, and when recorded, unless well illustrated and minutely described, may be indexed as totally different from what they really are.

A Journal for Theater Physicians.—According to the *British Medical Journal* for May 12, the Société amicale des médecins de théâtre de Paris has now a medical journal of its own, entitled the *Paris Théâtre Médical*. What with railway physicians' and life insurance physicians', and theatre physicians' special organs, specialism in medical journalism is proceeding apace. By the way, are the police surgeons and the medical officers of the mercantile marine specially represented in the way of medical periodicals? The mining surgeon, too, appears to be out in the cold. Then an association of physicians employed in commercial enterprises might look for an organ. Any more?—*New York Med. Jour.*

The architects and ship-builders should certainly be represented, not forgetting the aeronauts.

PHTHISIS PULMONALIS.

BY WILLIAM HENRY, M.D., OF HARMON, ILL.

The general acceptance of the above term is that it is a wasting disease.

For the past thirty years I have had more or less to do with the above disease; have studied its symptoms; followed some cases from the incipient stage until death relieved the sufferer.

I have come to the conclusion that it is a nervous disease. It will be found that in all of these cases there is diminished nervous vitality.

In every case the weak nervous system is inherited; some of the latest investigations by authors is that there are bacilli or microbes which destroy the lung and other tissues of the body. If there is a strong, vigorous nervous system, plenty of electric fluid in the physique, the microbes or bacilli may be in the system, but this strong, vigorous nervous power prevents them from doing any harm and holds them, as it were, in check. Show me a person with a weak nervous system and I will show you a person who is subject to tubercular disease; on the other hand, show me a person with a strong, vigorous nervous system and I will show you a person not subject to tubercular disease. These cases are very susceptible to sudden climatic changes. Where there is an even temperature, as in the arctic regions or in the tropics, tubercular disease is very rare. If any cases are to be found of tubercular disease where the nervous system is weak or partially paralyzed, there is wasting of the parts, coldness, soft and flabby muscles. You invariably find this condition in cases of tubercular disease, the subject is weak, becomes pale and emaciated, has loss of energy, there is decay and wasting of every part of the physical frame. You may ask, why do the lungs decay before any other part. The reason is because they are more friable, least able to resist decay. Some argue that scrofula and syphilis are a great factor in the course of the tubercular diathesis. I do not doubt that, for they have a tendency to weaken the nervous system and thereby produce disease of the parts.

In this disease there is general weakness, which shows conclusively that the nervous system is at fault. Now, in my opinion, treat the nervous system at the start, get it strong and vigorous; there will not be any more decay or loss of vitality, but that you would soon see the blood flow to every part, producing strength

and vitality. I believe the time will come when treating the nervous system will be the only true and rational way of bringing about a cure of this dreaded disease which is carrying off its hundreds of thousands yearly to a premature grave. By this means decay may be stopped in the vital parts. The question is, what is the best builder of the nervous system. There are many nervous tonics which might be beneficial. Some may ask the question, why do parts of the lung tissue decay at a time?

You may have noticed in a tree often little twigs die; at the end of a branch the leaves commence to wither and fall to the ground. If there is fruit thereon you will see it wilt and die. Now in the lungs, like the tree, there are little branches of minute nerve filaments which die. Where this takes place there is very soon decay of lung tissue. It may be in various parts, as you see in the tree. I ask my readers, is not this rational, reasonable, logical and science combined. This nerve-decaying process continues until it saps the whole physical frame, until it destroys it like the tree, and life in both cases becomes extinct.

Whenever the medical profession comes to treat tubercular disease as a nervous disease and gets something to stop the death of the nerve, it in my opinion treats tubercular disease rationally; but not until then will there be any success in treating so fatal a disease as stares us in the face. The sweats in the disease are caused by loss of nervous vitality, letting the cutaneous system release the openings of the pores. The loss of nerve-tone causes all of the great debility and weakening. The contagiousness of the disease is still a mooted question. I do not believe that the disease is communicable, as in measles, small-pox, scarlet fever, and many other of the allied diseases. Where there is a weak nervous system some may contract the disease, but where there is a strong, vigorous nervous system it will not be contracted.

Dr. Stillé does not consider the disease contagious or communicable; Dr. Cotton of Brompton, and Dr. MacCormac of Dublin, deny that it is communicable. This decaying process is invariably caused by the death of nerves in a part, as in lung, brain or any other tissue.

There is very little pain in this disease. The reason is that there is death of the nerve, hence death of a part. The hemorrhage which we have in these cases is caused by decay of the capillaries or arterioles letting the blood issue through the decayed parts.

It is said that constant dropping will wear away stones; constant decay will wear away lung tissue and thereby cause death of the whole system by and by.

The Pan-American Medical Congress.—The International Executive Commission of the Pan-American Medical Congress announces that the third meeting of that body will be held in Havana, Cuba, on the 26th, 27th, 28th, and 29th of December, 1900. The original intention was to hold the congress at Caracas, Venezuela, in December, 1899, but on account of the disturbed political conditions in that country the medical profession there first advised that the meeting be postponed to December of this year, and now have requested that some other country be selected. Owing to the lack of adequate hotel accommodation in Havana, it has been suggested that an entire hotel be reserved for the foreign visitors, especially those from this country and Canada, of whom it is believed many will be in attendance. The second congress of Cuban physicians, which was to have been held this year, will probably be postponed to some time in 1902.

Another Medical Crime.—A law has been passed in France prohibiting any one to give solid food of any kind to infants. Persons who give solid food to a child less than one year old, unless it be upon special prescription of a physician, may be adjudged guilty of an attempt to kill. The use of long rubber tubes with nursing bottles is also prohibited, because of the difficulty in keeping them sterilized.

This is paternal government with a vengeance. The blue laws of our Puritan fathers are not to be compared with such laws. How did the world get on without medical legislation so long? How did the Greeks and Romans manage to acquire such splendid physical powers without the aid of doctors, and their medical regulations? How did the world manage to find so many sturdy crusaders, who had been allowed to eat and feed their children as they pleased, without either let or hindrance by the medical profession?

But if the doctors keep on removing ovaries at the pace they have been doing in the past ten years, we will soon have a state of society where there will be no babies to feed either with long or short tubes, solids or fluids. Then I wonder what the doctors will do.—*Medical Talk.*

THE TREATMENT OF TONSILLITIS.

BY MILTON P. CREEL, M.D.

Surgeon I. C. Railway; Surgeon L. & N. Railway; Member Muhlenberg Co. Board of Health; Member U. S. Board Pension Examiners; Member National Association Railway Surgeons, etc., Central City, Ky.

It is of the utmost importance that the patient should be kept in bed, and that his diet should be light and nutritious. It is regarded as important by many good observers, prominent among whom is Stephens, that these patients should receive salicylate of sodium and ammoniated tincture of guaiacum regularly. Yet a large experience with this disease has convinced me that this is not necessary in order to obtain good or speedy results. For the last three years I have depended upon local treatment entirely, and my results have been all that I could have expected from any treatment.

I desire to be clearly understood, and therefore must add that any associated disease, or diseased condition, must receive rational attention.

For instance, if our patient with tonsillitis has also pleurisy, pneumonia, constipation or neuralgia, these conditions must be comprehended in the course of treatment decided upon.

On being called to see a patient ill of tonsillitis I begin by having the throat sprayed well with a solution of equal parts of water and hydrozone. This solution I have found to abort nearly every case which I saw early, and it modified the course of the disease in other cases that had advanced beyond the possibility of abortion. As a rule, any case seen within twelve or eighteen hours from its incipency can be aborted if the tonsils and fauces are sprayed well with the hydrozone and water solution every hour. When the symptoms are urgent I have the throat sprayed oftener than once every hour. I use an ordinary atomizer that has long enough nozzle to reach almost to the fauces, placing it on the tongue as depressor and spraying about five or ten minutes. The hydrozone is non-toxic and the patient is not harmed by swallowing it. When the case cannot be aborted I have the throat sprayed every one or two hours. This allays the inflammation and shortens the duration of the disease most appreciably.

The following are note-book entries:

CASE I.—This young woman, aged 20, was taken ill of a severe "sore throat" about 10 in the night. On my arrival I found a severe attack of tonsillitis just lighting up. I had her throat

sprayed every hour with the hydrozone and water solution and gave her no internal medicine whatever. At 4 o'clock the next day this young lady was free from all throat distress and was practically well. She used the spray every three hours for the next twenty-four hours, and at the end of this time resumed her ordinary duties and had no further trouble.

CASE II.—This man had been ill of tonsillitis for two days when I was called. It was impossible to abort this case. I directed that his throat be sprayed with the solution (water and hydrozone equal parts) every two hours. This prevented suppuration and the patient was able to go out four days later.

CASE III.—This patient had tonsillitis that caused her the greatest distress. I found her with a fever of 103° F., restlessness, and pain in the throat almost to the extent of choking her. She had her throat sprayed every hour for the first twelve hours, and took no internal medicine. The third day after this she was so far advanced toward entire recovery as to ask me if she could go shopping that day. From this time on she had no further trouble.

These are only a few of a number of such cases as I have treated on this plan, with results that were all that I could desire.

Compulsory Vaccination.—A decision has been rendered in the mandamus proceedings to compel the principal of a city school to admit a child who had not been vaccinated, as mentioned in this column some weeks ago. The demurrer was overruled and judgment given for the defendant. This decision upholds the legality of compulsory vaccination in the schools.—*Med. Rec.*

Twenty per cent. cash is offered to physicians sending patients to a certain Thousand-Island hotel. How pleasantly inclined towards the family physician would the paterfamilias feel some morning, after a bad breakfast, if he should pick up one of those left-over tempting circulars and discovered why his doctor was so anxious for him to patronize this particular house!—*Med. News.*

THE TREATMENT OF CATARRHAL CONJUNCTIVITIS.

BY MILTON P. CREEL, M.D., CENTRAL CITY, KY.

Either as it appears as a simple catarrhal inflammation of the conjunctiva, affecting one individual, or when it is encountered in an epidemic, there is no doubt but that catarrhal conjunctivitis is an affection of great importance. This affection is essentially simple, but if allowed to go along without correct treatment it may terminate in entire loss of vision. However, if the affection be given proper and timely attention it yields with great readiness to treatment.

Either as simple catarrhal conjunctivitis seen in a single individual, or when the affection manifests itself in the epidemic form, the treatment is essentially the same. Of course, individual peculiarities in each case make certain indications fitting and even imperative. One thing which a large experience with the disease has taught me is, that prompt and systematic treatment must be instituted in every case. Often patients with strumous diathesis will have chronic conjunctivitis, and persons whose health is poor will also have protracted forms of the affection, with the loss or great impairment of sight, when if proper and timely treatment had been instituted a cure could have been effected within a very short time. In the treatment of catarrhal conjunctivitis there have been many mischievous measures brought to bear.

All and everything which produces irritation will render all the elements in the case worse. We must never employ strong solutions. A lotion composed of 10 grains of sulphate of zinc to an ounce of distilled water will aggravate any case. All lotions must of necessity be mild and soothing.

As a curative means I have come now to rely on what I term the antiseptic treatment. This has been productive of better results in my hands than the old-time remedies.

In carrying out this treatment I first have the nurse to bathe the eyes thoroughly with this antiseptic mixture:

℞ Hydrozone..... 3j.
Aqua q.s. ad. ʒiv.

This mixture is used three or four times daily, as the case may appear to demand. Just as often as this mixture has been copiously applied and the eyelids have been dried, I apply, by means of an ordinary glass medicine dropper, two drops of Marchand's eye balsam.

This remedy reaches every part of the conjunctiva by the movements of the lids, and it is not irritating; the patient generally makes rapid progress to recovery.

By this treatment I have found my patients to recover in from thirty-six hours to three days. In fact my success has been such that I now rely upon this treatment entirely in this affection.

Four months ago an epidemic of catarrhal conjunctivitis broke out in a boarding school. I was called and ordered these remedies used on every case that presented itself. The nuns told me that all the cases got well speedily.

Mr. Samuel S., aged 39. This patient had been suffering, as he puts it, with "sore eyes" for three days. It was a simple case of catarrhal conjunctivitis, but gave him great discomfort. On the treatment described above he entirely recovered in two days.

Mrs. Laura S., aged 22. This patient thought she had something in her eye, but examination revealed catarrhal conjunctivitis. On this treatment she made a speedy recovery.

These are only two of the several hundred cases treated on the antiseptic principles.—*Medical Summary.*

Notice.—All Surgeons, Assistant Surgeons, Acting Assistant Surgeons, or Contract Surgeons, and Hospital Stewards, who served in the Army or Navy of the late Confederate States, will please send their post-office address to Deering J. Roberts, M.D., Secretary Surgeons' Association, C. S. A., Nashville, Tenn.

A New Army Stretcher.—Dr. Chavernac of Aix (France), has just designed a new army stretcher. It is a rigid contrivance made in two halves, and its advantage over the existing French ambulance is that the wounded man can be lifted off the ground without experiencing any shock or pain. The halves of the stretcher are placed on each side of the sufferer, and by pressure they hold together under the body of the patient, who is not touched with hands at all in the operation. When loaded, the stretcher is mounted on a light bicycle carriage. Under the existing conditions of ambulance work in France, four men are required to lift the wounded man, but by the aid of the new stretcher only two attendants are needed.—*Scientific American.*

CORRESPONDENCE.

OUR PRETENDED ANGLO-SAXON ORIGIN.

NEW YORK, July 13, 1900.

Sir—The *Medical Press and Circular* of London, July 4th, a date memorable in our annals, calls "Psychology run mad" the *Conundrum*! "What are the two, three or four superior qualities of the American, the man of the New World?" a question to be discussed at the Congress on Psychology, in Paris, next August.

I assure this English editor that that question's solution will not depend upon the contemptible fiction which credits to "English ancestral blood" all the enterprise, progress and best institutions of the new American race. *Superior qualities* of "Anglo-Saxon" extraction must be traced wherever you find them, to the dominating influences of civilization, resulting from invasions by *many* people, like to England by the invasion of the Romans. All our superior qualities to-day are due to civilization and not to ridiculous *Anglo-Saxon* origin.

"A true-born Englishman's a contradiction,
In speech an irony, in fact a fiction;
A metaphor invented to express,
A man akin to all the universe.

* * * * *

Forgetting that themselves are all derived
From the most scoundrel race that ever lived;
A horrid crowd of rambling thieves and drones,
Who ransacked kingdoms, and dispeopled towns.
The Pict, and painted Briton, treacherous Scot,
Norwegian pirates, buccaneering Danes,
Whose red-haired offspring everywhere remains;
Who joined with Norman French, compound the breed,
From whence you free-born Englishmen proceed."

ALBERT S. ASHMEAD, M.D.

"HOFFENTLICH, IST DAS ASHMEAD'S LETZTES— WORT."*

SIR:—There is a red-haired (and rather fine) German *fräulein*, in Piloty's "Triumph of Germanicus," who turns round at the howlings of a black Italian slut, and stares at that contemptible foe somewhat in the way (*mutatis mutandis*) an American physician might look at a threatening European bobtail.

ALBERT S. ASHMEAD, M.D.,
New York,

*Dr. Hoff, Dresden, p. 194 *Monatshafte für Praktische Dermatologie*, Band xxx., No. 4.

ST. LOUIS Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
Editor and Proprietor.
No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

VOL. LXXIX.

AUGUST, 1900.

No. 2.
Whole No. 718.

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EDITORIAL.

SCIENTIFIC DIAGNOSIS.

The practice of medicine is not the hap-hazard, guessing matter which it was some years ago. Diagnosis is becoming a more and more refined art daily. The practitioner is no longer satisfied with a stethoscope and a clinical thermometer as his sole armamentarium. His chemistry is no longer limited to the nitric acid test for albumen in suspected urine. To-day he is expected to be a thorough and conscientious investigator of all the symptoms presented by his patient. He must be fully equipped with all the modern instruments of precision in the making of a diagnosis. To-day it is requisite that positive ante-mortem investigation be made which, for exactitude, may vie with the best post-mortem findings.

Bacteriology, hemology and other investigative branches must be continually utilized. The microscope must be used as often as the pen is put to paper, and sometimes oftener in some cases. Every effort is being made to place medicine in such a position that it may claim its proper rank among the sciences. We have not yet attained this point, but we hope to do so, and that in a

comparatively short time, if the strides made in the past ten years are any indication of those which will be made in the next decade. The younger generation of physicians has developed many original investigators, and it is to them that we naturally turn for the best work which the future promises. And we know that they will not disappoint us, if we are to judge from the work they are now doing.

A scientific diagnosis and exact and scientific methods of making one are now expected by patients. They will suggest in the fear that unless some unusual means be used their cases will be neglected. But in most instances these requests are unnecessary. Some pretence is made at a scientific diagnosis, whether it be such or not. And it is right here that great harm is done to the honest and intelligent practitioner. His work is thorough and not appreciated. Pretended examinations of the blood and for bacteria are made by some in a moment, and a very learned diagnosis made. When the honest investigator asks for a day or two to make his examinations he is branded an ignoramus. Still an advance has been made in the education of the laity, and it will soon learn the necessity of time in the formulation of a diagnosis to establish which the more complicated methods of research are necessary.

Death of John Ashhurst, Jr., M.D.—Dr. John Ashhurst, Jr., died at his home in Philadelphia on July 7, from paralysis. He had been ill for nearly two years. He was born in Philadelphia in 1839, and was graduated from the University of Pennsylvania in 1860. He served throughout the Civil War as an assistant surgeon, and later became connected with various Philadelphia hospitals. In 1877 Dr. Ashhurst became Professor of Clinical Surgery in the University of Pennsylvania, and in 1888 he assumed the John Rea Barton Professorship of Surgery, which position he held until the last academic year. Dr. Ashhurst's reputation as a writer was national. His pamphlet contributions were numerous, but he was best known by his valuable standard works on surgery. He was also prominent in scientific societies, charitable institutions and in church work.—*Medical Record*.

MEDICAL PROGRESS.

MEDICINE.

Accidental Vaccination of the Lip.—Accidental vaccination on various parts of the person is not very uncommon, but all cases of its occurrence are deserving of record. In the *Lancet* for June 23d, Mr. A. R. Henchley says that he was recently sent for to see a woman supposed to be suffering from erysipelas. When he arrived he found the submaxillary lymphatic glands enlarged and a slight swelling of the left cheek. The lower lip was also swollen and had a large and a small vesicle near the junction of skin and mucous membrane at about its centre. Some ten days previously he had vaccinated her child, and he extracted from her the information that the baby had scratched her lip and that she had accidentally rubbed the vaccination pad with some discharge on it on her mouth while dressing it.—*Ex.*

Gonorrhea and Syphilis in Regard to Sickness and Life Insurance.—The history of an attack of syphilis in the antecedents of a person wishing to insure his life or to make some provision against sickness is always regarded as a detail of considerable importance in estimating the value of the proposal; while, on the other hand, not much stress is laid upon episodes of gonorrheal origin. It is, however, open to question which of the two diseases is most fraught with detrimental results in respect of life and health. Syphilis, it is true, is credited with an alarming array of pathogenic possibilities, but in the great majority of instances, if it has been properly treated, the sword of Damocles does not fall, and life may run its normal course. In gonorrhea, however, more or less intense prostatic irritation occurs in a tangible proportion of cases, and more or less pronounced narrowing of the urethra is another complication which claims a comparatively large share of victims among the sufferers. If we reflect upon the grave consequences of these lesions on the future health, and even life, of the afflicted ones, we may be tempted to ask whether after all gonorrhea is not, in the aggregate, more serious in its ultimate consequences than the much-dreaded syphilis, and consequently more deserving of attention at the hands of examining physicians. It may be asserted with some show of

reason that if syphilis is more menacing from a sickness point of view, gonorrhea, in virtue of its secondary and far-reaching effects on the urinary tract, is more dangerous to life. The question is one which can only be decided by reference to statistics bearing on the frequency of complications and sequelæ, but, unfortunately, no such statistics are available for the purpose, and each surgeon is fain to draw approximate conclusions based on his own experience. It is certainly a mistake to regard gonorrhea as a necessarily benign disease, for the frequency of one or other of its many complications renders it potentially grave. A cured uncomplicated attack of gonorrhea is doubtless a detail of no particular pathological significance, but it behooves practitioners entrusted with the responsible duty of examining candidates for life or sickness insurance to bear these possibilities in mind in arriving at a conclusion.—*Med. Press and Circular*.

Important Tips.—1. The value of small doses of tincture of aconite frequently repeated in the treatment of amygdalitis and in the initial stage of febrile diseases.

2. The value of painting the chest and back with liquor iodi fortis—diluted if necessary with an equal quantity of the tincture—in all cases attended with cough.

3. The value of a pill of exsiccated ferrous sulphate in conjunction with the administration of purgatives in the treatment of anemia.

4. The value of grain doses of gray powder with an equal quantity of Dover's powder from three to six times a day in the treatment of syphilis.

5. The value of large doses of the iodides in the treatment of tertiary syphilis.

6. The value of large doses of bromide of potassium in the treatment of the "heats and flushes" and other symptoms from which women suffer about the time of the menopause.

7. The value of large doses of quinine in the treatment of supraorbital neuralgia, and in the periodical febrile disturbances from which old malarial patients suffer.

8. The value of five grains of butyl-chloral-hydrate with one two-hundredth of a grain of gelsemin in neuralgia of the fifth nerve.

9. The value of small doses of a saturated solution of camphor in alcohol in the treatment of autumnal or choleraic diarrhea.

10. The value of small doses of perchloride of mercury in the treatment of infantile diarrhea when the stools are green, slimy, and offensive.

11. The value of sulphide of calcium in doses of a tenth of a grain in the treatment of boils, carbuncles, and abscesses.

12. The value of nitroglycerine and nitrite of amyl in the treatment of angina pectoris and allied conditions.

13. The value of alcohol in the treatment of fevers.

14. The value of flying blisters in typhoidal conditions.—
WILLIAM MURRELL in *Medical Record*.

THERAPEUTICS.

Experience With Tannigen.—Dr. C. M. Clark (*Therapeutic Gazette*, June 15, 1900) reports an interesting case of diarrhea of phthisis, with watery discharges from the bowels every hour or two, which had greatly diminished the patient's strength and vitality. After resorting to all the customary measures he made use of tannigen, which had the effect of reducing the passages to two a day, and of rendering them more solid. Since observing the beneficial action of the drug in this case he has employed it extensively during the past year for the treatment of all watery discharges from the bowels in combination with subcarbonate of bismuth and resorcin. His cases comprised diarrhea of nervous or inflammatory origin, or resulting from acute dyspepsia due to overfeeding as well as over stimulation, which gives rise to flatulence with foul smelling serous discharges. According to his observations, Dr. Clark believes tannigen is worthy of a more extended investigation by the profession.

Hyrgolum.—The *Medical Review* (London) for April describes hyrgolum as an allotropic form of solid mercury, fairly soluble in water, only a small insoluble residue remaining, and insoluble in alcohol and ether. The aqueous solution is neutral and entirely free from caustic properties. It is of a dark, almost black, color, transparent to transmitted light, but strongly fluorescent and hence opaque to incident light. According to Werle (*Berliner klinische Wochenschrift*, No. 42, 1898), from a pharmacological point of view, the pure metal soluble in water possesses certain marked advantages over other combinations of mer-

cury; notably its mild, non-caustic physiological action, the possibility of a more exact dosage of the drug, the avoidance of toxic by-effects, and the assurance of a rapid and certain absorption by the human organism. Hyrgolum may be used in various forms for therapeutic purposes: as an ointment for inunction treatment; as a pill for internal administration; as a tablet for the preparation of extemporaneous solutions, and for baths in pediatric practice; and as a plaster for local application to glandular tumors and ulcerations. The ten-per-cent. colloidal (mercurial) ointment is especially useful. Not only may its action be definitely determined, but absorption is said to be much more rapid than when the ordinary mercurial ointment is used. It does not irritate the skin, or cause mercurial eczema. The colloidal mercury ointment has been found to be especially valuable in the treatment of constitutional syphilis.—*N. Y. Med. Rec.*

Unpalatable Drugs Made Palatable.—Dr. L. Freyburger, in his Pocket Formulary of Diseases of Children, gives the following suggestions:

Aloin; one quarter grain is disguised by ten minims of ext. glycyrrhizæ comp.

Ammonii bromidi; one grain is disguised by five minims syrup aurantii.

Ammonii carbonatis; one grain is disguised by five minims syrup aurantii.

Chloral hydrate; one grain is disguised by five minims syrup aurantii.

Copaibæ; five minims are disguised by two drams mistura amygdalæ.

Filicis maris extr. liq.; twenty minims are disguised by one dram syrupus cinnamoni.

Guaiacolum; one grain is disguised by two drams of sherry wine.

Ipecacuanhæ pulv. comp.; one-half grain disguised by one-half grain pulv. cinnamomi and one grain sugar.

Morrhæ oleum; ten minims somewhat disguised by one minim ess. almonds and lemon, or by one-half minim menth. piperata.

Nucis vomicæ tinctura; one-half minim is disguised by ten minims syr. aurantii.

Pepsimum; one grain is disguised by five minims syr. aurantii.

Potassi bromidi; three grains are disguised by fifteen minims syr. aurantii.

Potassi iodidi; one grain is disguised by one-half dram aqua menth. piperatæ.

Quinine hydrochlorate; one-half grain is disguised by twenty minims syr. aurantii.

Ricini oleum; five minims are disguised by three minims syr. zingiberis and one dram aq. menth. pip.

Sodii salicylas; three grains are disguised by five minims syr. simplex and one dram syr. cinnamomi.

Tanicum acidum; one-half grain is disguised by five minims syr. zingiberis.—*Medical World*.

Acute Pharyngitis.—Apply wet compresses to the neck, give the patient small lumps of ice to hold in his mouth, and prescribe a mucilaginous gargle such as the following:

℞ Decoct. fol. althææ (parts 1 to 10)..... ʒvj.
Tinct. opii ℥lxxv.

M.

Sig. Gargle, to be warmed.

Another very useful gargle is a solution of one grain permanganate of potassium in a pint of water.—V. SCHROTTER in *Med. News*.

Facial Erysipelas.—

℞ Acidī carbolici..... ʒj.
Tinct. iodini ʒj.
Alcoholi ʒj.
Olei turpentini ʒij.
Glycerini ʒiiij.

M.

Paint the affected parts and cover with aseptic gauze, once in two or three hours.

—*Jour. A. M. A.*, from *La Presse Médicale*.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Clinical Study of Myocarditis.—Dr. Louis Faugères Bishop read a paper on this subject before the Section on the Practice of Medicine of the American Medical Association. (*Boston Med. and Surg. Jour.*) Valvular and arterial disease are modified appreciably by myocarditis. The myocardium is as important as the endocardium or the pericardium in cardiac disease. Myocarditis is eminently a clinical disease. Syphilitic cases are the most

acute, and often result fatally in young persons. There are two clinical groups of the disease: (1) Myocarditis due to infectious diseases and (2) myocarditis due to disease of blood-vessels. The significance of pain in the left shoulder and left breast is difficult to determine, but in persons past middle life it should lead one to suspect myocardial disease. The chief symptom of the condition is the lack of power of the heart to respond to extra work. The earliest symptom is irregularity in the force and rhythm of the pulse. The disease is very common in the negro race, probably owing to the tendency of mixed races to degenerative changes. Complete physical rest is important in the treatment of cases of myocarditis. It may be caused by the intemperate use of alcohol, disuse of the muscular system in general, overwork, worry and infectious diseases.

Human Hematolysin.—The research reported in this communication to the Académie de Médecine has already been cabled to the daily press as the discovery of a cure for leprosy. The subjects of the tests were lepers, as Carrasquilla in his serotherapy of leprosy inaugurated unwittingly these hemolytic experiments on man, and Metchnikoff utilized the results of this work as the first steps in the study of human hematolysis. His aim was to discover if it is possible to increase the resisting powers of the organism by stimulating blood-production. He had established that this could be accomplished in animals by minute progressively increasing doses of a serum which in large doses destroyed the red corpuscles. Cautiously tested on four lepers, he found that hematopoiesis was increased as anticipated without inconveniences or after-effects of any kind. Two other lepers were then treated, one with 5 c.c. of an extremely powerful hemolytic serum from a goat prepared with human blood, and the other with 5 c.c. of the same serum. After a brief preliminary period, in which the proportion of hemoglobin and red corpuscles fell below normal, they both increased to a marked extent in leper "A" for a few days and in leper "B" for three weeks, when a second injection was made without waiting for the subsidence of the effects of the first. Leper "A" was injected again in fifteen days with 3 c.c. of the same serum and leper "B" with 8 c.c. the second time. The effects were the same as at first: marked increase in hematopoiesis after a brief interval of decrease. The hemoglobin in leper "A" attained 120 to

125 per cent. The stimulating action of cellular toxins on the corresponding elements can thus be accepted as a general law. It establishes the possibility of augmenting the resistance of the tissues in case of need, but it by no means "cured the leprosy," and such an announcement is farthest from Metchnikoff's intentions.

Infarcts of the Placenta.—This paper by Williams (*Amer. Jour. Obstet.*) is accompanied by a very full bibliography. He says that infarcts measuring at least 1 cm. in diameter were observed in 63 per cent., while smaller ones were noticed in a great majority of cases, and microscopic examinations revealed early stages of their formation in every full-term placenta. The primary cause of these formations in a great majority of cases is found in the endarteritis of the vessels of the chorionic villi, the primary result of which is coagulation necrosis with a subsequent formation of canalized fibrin. The part played by the decidua in the production of infarcts has been greatly overestimated. It is more than probable, in a number of cases at least, that the tissue called decidual is really fetal ectoderm. Moderate degrees of infarction have no pathologic significance and are to be regarded simply as signs of the senility of the placenta, analogous to changes in the villi. When marked infarct formation occurs, however, it often results in death or imperfect development of the child. It is usually associated with albuminuria on the part of the mother, though the relation existing between these conditions is not clear. They are not particularly observed in acute eclampsia unless they are preceded by decidedly albuminuric symptoms. There is no evidence of their bacterial origin.—*Jour. Amer. Med. Ass.*

DISEASES OF WOMEN AND CHILDREN.

Twin Pregnancy; Prolonged Sojourn of Second Fetus in Utero.—Chambrelent (*Bull. de la soc. de gynéc., etc., de Bordeaux*, March, 1900) recently attended a case in consultation in which the woman had been delivered thirty hours previously. The midwife stated that the labor had been normal in every way. Shortly afterwards she endeavored to deliver the placenta by traction on the cord. This maneuver was unsuccessful and she had waited until the following day, at which time she attempted to make a manual exploration to discover the nature of the diffi-

culty. She then found (twenty-four hours after first birth) an arm prolapsed into the vagina. The cervix appeared to have closed completely. She did not dare to do version and summoned medical aid.

Chambreleut saw the patient thirty-two hours after the first birth. The mother was in good condition. The uterus was completely passive. Besides an arm the cord was also prolapsed into the vagina.

The patient was taken to the Maternity and chloroformed. The cervix was reopened digitally, and a leg grasped. The child was then turned and the trunk and limbs extracted. The head offered much resistance owing to the closure of the cervix. Mauriceau's procedure having failed, the forceps were applied. The child was dead and somewhat macerated. There were no accidents during the puerperium. The mysterious element in this case was the abeyance of uterine contractions after the expulsion of the first child.

In discussion, Chaleix thought such cases were not rare; in fact he always explores the cavity of the uterus after labor, although he might thereby have to face the reproach of exposing his patients to infection. Hirigoyen objected that such a routine procedure was ill-advised. Who would think it necessary to explore a uterus from which a set of membranes had been delivered?

He asked Chambreleut why he had not used Tarnier's basiotribe for the aftercoming head, and was told that it was better to avoid the use of an instrument designed for mutilation when the forceps could be safely applied.—*Obstetrics*.

Toxemia of Pregnancy.—Grandin discusses (*Amer. Jour. Obst.*) this condition, and points out that it is a grave error to test the urine of a pregnant woman for albuminuria alone. Toxemia may exist with very slight albuminuria or a larger amount of albuminuria may be significant of no serious condition. If there is a tendency to nephritis, the pregnant woman should be watched with great care, and where, notwithstanding regulated diet, etc., the urea and amount of urine diminishes, the question of arrested gestation should be seriously considered. When the eclampsia is imminent or present the sheet-anchor of treatment should be rapid evacuation of the uterus and, as a rule, venesection, and protracted irrigation of the colon with hot

saline solution. Morphine is contraindicated, as is also ether. The effect of chloroform is temporary. Several cases are reported illustrating these views. He thinks the only justifiable treatment of toxemia is the surgical, before active manifestations appear. The latter part of his paper is given to the discussion of the operative treatment of uterine displacement. He thinks that uterine suspension meets his ideal more nearly than any other. He describes his method of operating, which he has employed in fifty or sixty cases.—*Jour. A. M. A.*

Laparotomy for Retroversion of Gravid Uterus.—Pinard says that in one case the advanced pregnancy and in another an ovarian cyst rendered reduction impossible. The uterus was firmly lodged in retroversion. The laparotomy, performed by Mouchet, was successful in each case and pregnancy continued normally to term. The bladder and rectum should first be evacuated in such a case and every effort made to induce spontaneous reduction. If this fails, manual reduction through the vagina, with or without anesthesia, should be tried. A bulb inserted and inflated in the rectum is the only instrumental intervention permissible, unless laparotomy is indicated as a last resort.—*Jour. A. M. A.*

SURGERY.

Surgical Hints.—In burns about the neighborhood of the joints, keep the limb flexed if the burn is on the extensor side, and extended if the flexor side is affected.

In burns of the face, where the nose is badly affected, it is often a good idea to pass pieces of rubber drainage tubing up the nostrils in order to prevent closure during cicatrization.

In phlegmonous inflammation of the last phalanx it is well to cut down to the bone, but if the middle or first phalanx is affected it is better surgery to avoid going through the sheath of the tendon.

If you can help it, don't operate on a man who is drunk, especially if he appears to be an habitual drunkard. Drunkenness certainly seems to favor the occurrence of sepsis, owing to diminished resistance of the tissues, and shock occurs very readily. Besides this, delirium tremens may come on to complicate matters.

Phimosis and balano-posthitis occasionally occur in adults in

whom no venereal disease is at fault. In these cases it is well to examine the urine before operating, for diabetes may be the cause, and in the latter case it is not always safe to operate. Diabetic gangrene of the penis has also been mistaken for phagedenic chancre.

Always give a very guarded prognosis as to the ultimate results in deep phlegmonous processes occurring in the hand. The tendons are often immobilized within their sheaths, the muscles are atrophied, and much of the cellular tissue takes on a cicatricial character. The fingers are, therefore, apt to become stiffened in a curved, claw-like position.

If a patient suffering from urethral stricture has chills every time you pass an instrument, notwithstanding the fact that you are certain that your sounds are perfectly sterile, give up dilatation and cut. The patient will probably have another chill after the operation, but as it is of nervous origin in all probabilities the danger is very slight, and the subsequent passing of sounds will commonly be accomplished without further trouble.

When tendons of the fingers or toes have been severed, it is often necessary, in order to bring the ends together, to strongly flex or extend the joints, according to whether the flexor or extensor tendons have been injured, and this position should be maintained by the dressing after the suture has been done, in order to relieve any tension upon the severed ends. Passive motion should be made as soon as it is likely that union has well begun.—*Inter. Jour. of Surg.*

DERMATOLOGY AND SYPHILOLOGY.

A Case of Persistent Verrucous Urticaria.—Dr. J. V. Hieleman publishes an account of a woman, 46 years of age, who had suffered for ten years from a trouble which began with intense itching of the arms and feet. The itching gradually extended to every part of the body. At the same time there developed upon the affected regions an eruption of wheals which, for the most part, soon disappeared. Some, however, persisted and became transformed into verrucous tumors and continued to itch. Some of the warty growths disappeared spontaneously, but others arose to take their place. The external borders of the arms and feet were particularly affected. Upon the forearm and left hand were about seventy verrucous outgrowths from the size of a hemp-

seed to that of a cherry. About a dozen were situated upon the abdomen, back, and nucha. The thorax was free. There were a few upon the face. There was dullness at the apex of the left lung, with bronchial respiration. The microscopical examination of the verrucous excrescences showed thickening of the horny layer. The stratum lucidum and the stratum granulosum were much thicker than normal. The reticulum was hyperplastic, and the papillæ was very much enlarged. In the skin, particularly in the papillæ and subpapillary layer, was a thick infiltration of small cells. In the deeper layer of the integument and around the sudoriparous glands was a similar but less abundant infiltration. Between the cells of infiltration was a number of fat cells. Local treatment was of but little avail. Arsenic internally produced some amelioration.—*Bull. Med. and Surg.*

Iodide of Potassium in the Treatment of Acne.—Dr. James G. Galloway writes as follows: The characteristic pustular eruption produced as a result of the internal administration of iodine is well known, and constitutes in many cases an unpleasant drawback to the administration of the iodides. The cause of this eruption, which may be very severe, appears to be the liberation of iodine in the sebaceous or sweat glands with the consequence of dermatitis of various types, but usually commencing as a folliculitis. Persons who are already suffering from acne vulgaris, or in whom the tendency to seborrhea is well developed, are peculiarly susceptible to this eruption of iodism, and it is well before commencing the administration of the iodides for any purpose to warn such patients of the possibility of a skin eruption appearing on the face. A curious example of this has recently come under the writer's observation. Last summer a young man came for treatment to Charing Cross Hospital suffering from very severe acne vulgaris; the skin of the face, as is so usual, contained numerous comedones. The treatment adopted was by the appropriate use of soap lotions for the scalp and face, followed by the application of pastes to the face containing sulphur and resorcin. He was steadily improving when the vacation arrived. During the absence of the physician in charge of the department the mode of treatment was altered, and the patient, anxious to have a hand in his own cure, purchased a well-known "Blood-Mixture," containing about five grains to the ounce of potassium iodide. As a result he burst into a violent iodide eruption,

chiefly affecting the face. There were many large nodules, consisting of groups of the inflamed and pus-containing follicles. So severe were the lesions that it appeared as if incisions would be necessary to allow of escape of the pus. But on resumption of the original line of treatment it was decided to puncture only one or two of the most severe lesions. Gradually the eruption died away, but some months elapsed before some of the indurated nodules, especially on the cheeks, flattened down and vanished. The face remained mottled, owing to the presence of irregular pigmented spots, till recently, but is now assuming a normal complexion. There is remarkably little scarring considering the great severity of the eruption. But the important point of the case is that there has been no recurrence of acne vulgaris. It appears as if the inflammatory reaction of the acne lesions and the comedones to the excreted iodine has produced enough cicatricial tissue to bring about their obliteration. The case conveys an important indication of treatment, and it is interesting to note that Levisseur (*Med. Record*) recommends iodide of potassium as a means of treatment, especially in the chronic forms of indurated acne, in which comedones are nearly always present. He advises five grains of the iodide to be taken in milk three times daily, to be discontinued directly the local reaction occurs or iodine is found present in the urine. This treatment is to be repeated when the inflammation subsides. Appropriate treatment by means of ichthyol soap (10 per cent.) and sulphur ointment is also recommended in the intervals of the administration of the iodide.

Certainly the use of the iodides as a means of cure in cases of acne vulgaris seems to have a good deal said in its favor. But precautions must be taken not to produce too severe reaction, and also to warn the patient what to expect during the progress of treatment.—*Practitioner*.

Epidermolysis Bullosa Hereditaria.—Otto Michaelsen reports the case of a young woman seventeen years old, who presented herself for the treatment of blisters appearing on the hands and feet, accompanied with great pain and profuse sweating. She was of healthy appearance, and the internal organs were found on examination to be normal. The palms of the hands were wet with perspiration, and were covered with numerous blisters, the size of a pinhead to that of a walnut. Some

had collapsed, their integumentary covering lying in fine creases on the base. There was no scar formation on the skin, and the nails were normal. On the soles of the feet, and especially between the toes, there were many excoriations due to the maceration of the integument; and there were also numbers of blisters of various sizes, like those on the hands, which were very tender on pressure. The patient had suffered from this trouble since her earliest childhood, the bullous formation appearing first on the feet, and later (about the twelfth or thirteenth year) on the hands. The affection was always worse in warm weather, and was intensified by hard work, especially harvesting. There were no lesions either preceding or accompanying the blisters which suggested in any way an urticaria. An inquiry concerning the girl's antecedents revealed the fact that she had inherited the disease from her father, and he from his mother. In all, twelve persons—four males and eight females—in this family suffered from epidermolysis. There were four generations of sufferers, the patient under observation being in the third, the children of her sister constituting the fourth.—*Med. Rec.*

The Nerves of Hair.—Several carefully observed cases of falling of hair from emotion have been recorded of late in the *Progrès Médical*, and a still more striking case, reported by F. Boissier, is now added. A normal, healthy farmer, thirty-eight years of age, saw his child thrown and trampled by a mule. He supposed it killed, and experienced in his fright and anguish a sensation of chilliness and tension in his face and head. The child escaped with bruises, but the father's hair, beard and eyebrows commenced to drop out next day, and by the end of the week he was entirely bald. A new growth of hair appeared in time, but finer, and exactly the color of the hair of an Albino.

DISEASES OF THE NOSE, THROAT AND EARS.

A Case of Epilepsy Cured by Operation on Nose.—Dr. J. J. Richardson states that epilepsy is one of the neurotic diseases which we cannot associate with any constant pathological lesion. The exciting cause in individual cases differs widely, and there is no definite or uniform etiological factor demonstrable. The clinical phenomena are usually the same, regardless of the etiology. The nose has many sins to answer for, and among

them is epilepsy, as shown by the following case which has come under my care:

Boy, aged twelve years, of neurotic temperament, and son of healthy parents with good family history. The boy had been having epileptic seizures very frequently for eighteen months, but much oftener the six months preceding the time he came under my care. Scarcely a day would pass without a paroxysm, and sometimes several would occur in twenty-four hours. The seizures usually were abrupt in their onset, without any apparent aura. There were loss of consciousness, frothing at the mouth, and at times bleeding of the tongue. The symptoms usually quickly subsided, and were followed by a short period of confusion of thought. A rhinoscopic examination revealed a hyperesthetic nasal passage and a marked hypertrophy of the middle and inferior turbinated bodies of the right nasal cavity. The breathing was obstructed, and there was considerable pressure on the septum from the hypertrophied tissue. Under cocaine, with the electro-cautery I destroyed the thickened tissue by two operations, one week apart. The month preceding the first operation the boy had not missed a single day without having a "spell," and the week following the first operation he had only three. After the second operation he did not have another paroxysm. He has been under observation eight months, and is enjoying perfect health. No other treatment was administered, but he had been taking bromides before the nasal treatment with no apparent effect.—*Medical Record*.

OPHTHALMOLOGY.

"Wild Hairs."—"Wild hairs" are something that are often talked about by persons who seek treatment, yet it is given but little attention by the text-books. By "wild hairs" patients mean the cilia which turn in and touch the eyeball, or very small, short, white cilia which protrude from the lid margins as little, stubby, stiff hairs, coming in contact with the cornea during the act of winking; or, what is much more frequent, the term is applied to any condition of the eyeball or lids in which there is sufficient friction between them to produce a scratching sensation. Under the latter classification we see trachoma, ulcer of the cornea, catarrhal conjunctivitis, foreign bodies in the conjunctival cul-de-sac or on the cornea, limy deposits in the

meibomean glands, etc. From this it is very apparent that a grave condition of the eye may be neglected by the patient because he thinks that he has "wild hairs." While, on the other hand, innocent eyelids may be almost entirely deprived of their cilia by the obliging friends of the patient, who will work industriously to pull out the lashes one by one until nearly all are lost.

In cases where the cilia actually turn in the condition should be dealt with by an operation on the lid, which will turn the lashes forward; or, if they are few in number, they may be destroyed by electrolysis. In every case the first thing is a proper diagnosis, with proper treatment directed toward the cure of the condition.—*Med. and Surg. Monitor.*

ORTHOPEDIC SURGERY.

Treatment of Torticollis.—At the meeting of the Section on Orthopedic Surgery of the New York Academy of Medicine, held April 20, 1900, Dr. Townsend presented a girl 12 years old who had been relieved of torticollis, the result of suppurative cervical adenitis at the age of five, which had produced cicatricial adhesion to the left sterno-cleido-mastoid muscle. The head had been pulled over toward the left shoulder and the deformity had been increasing for four or five years. On February 1, 1900, an open incision $1\frac{1}{2}$ inches long, about two inches above the clavicle over the belly of the muscle, and free section of all the resisting structures, had relieved the deformity. The head had been held in the opposite position by plaster bandages. There had been no pain, the temperature had never been above ninety-nine degrees and the wound healed by primary union. The result was satisfactory. The head was in good position, with motion. A little gap was felt below the scar, but the muscle had probably united. Subcutaneous tenotomy would have been impossible, as it had been necessary to carry the incision to a point where no one would have dared to go. In general, he preferred the open incision for division of this muscle.

In the discussion following the presentation of the cases, Dr. R. A. Hibbs commended the open incision. In a recent operation on a girl 5 years old, after section of the sternal portion of the muscle, the deformity was only relieved by division of the clavicular portion through another skin opening.

Dr. R. Whitman stated that he practiced the open incision in torticollis. Complete division of all contractions, correction of the secondary distortion by vigorous manipulation, fixation for a time in the over-corrected position by a plaster bandage, and after-treatment by proper exercise would secure good results without the subsequent use of apparatus.—*Med. Review of Reviews*.

GENITO-URINARY DISEASES.

A Three-Barrelled Penis.—The following appeared a number of years ago and is reproduced here on account of its unique character: Dr. Luxardo describes a rare anomaly of the penis which he observed in a young man under treatment for gonorrhea. The meatus presented three openings, which corresponded to as many distinct urethral canals. The upper one gave passage exclusively to the seminal fluid, the lower one to the urine. The middle tube appeared to communicate with the lower one. The gonorrhea affected only the two inferior canals. — *L' Union Médicale*.

Case of Hatpin in the Urethra.—Dr. W. Launcelot Brown reports the following: Noticing an article in the *Journal* for May 19, 1900, commenting on two cases of hatpins in the male urethra—one reported by Mr. Hawley in the *British Medical Journal*, March 17th, the other by Dr. Bonnet in the *Province Médicale* for April 21st—prompts me to report my case.

The patient, Polish, 75 years of age, married, was admitted to Cook County Hospital, February 9, 1898, at 2:55 P.M., with the following history: He said that three days before he could not urinate, and passed a lady's hatpin, head first, into his urethra. It slipped from his grasp and he was unable again to get hold of it. He latter succeeded in passing water, but had since suffered great pain. General examination was negative. His mind was clear. In the urethra or penis behind the scrotum could be felt a hard body, which caused pain upon being manipulated. This could be traced into the bladder. Owing to the depth and extreme sensitiveness, ether was administered at once, and, after shaving and surgical cleansing, a median incision half an inch long at the base of the scrotum, directly over the point of the pin, was made, the point grasped by forceps, and extraction effected without difficulty, it being proved that the head was in the bladder.

This very small wound was simply closed by two silkworm-gut sutures, catching and approximating the walls of the urethra, but not perforating them.

Powder dressing but no drainage by catheter. He had no trouble in urinating while in the hospital, and was discharged five days later in as good health as before the accident. He had no fever before or after the operation. He could not speak English and the history was obtained through an interpreter.—*New York Med. Jour.*

Skin Symptoms of Diabetes.—Dr. Milton D. Hartzell says that certain cutaneous symptoms are so commonly associated with diabetes that they had been called by Fournier diabetic skin diseases. Pruritus is the most common of these. It occurs especially about the genitalia and down the thighs and may give rise to the most intense itching. Scratching may lead to the development of eczema. There is nothing peculiar about the pruritus and eczema except their location. Preputial inflammation is very common during diabetes and may lead to thickening of the foreskin and the occurrence of fissures. Balanoposthitis occurs as a consequence of retention of urine behind the foreskin and the fact that the sugary urine forms such an excellent culture medium for the micro-organisms. Pustular acne is a very common condition in advanced diabetes. Crops of furuncles and of carbuncles are frequent. It is estimated that more than one-third of the cases of furunculosis and multiple carbuncle are due to diabetes. Papillomatosis diabetica has been noted in at least one case as a fungating, papillary mass on the back of the hand. Moist or dry gangrene of the skin is not an infrequent complication of diabetes. It may occur in a single or in multiple patches. At times it is symmetrical and may be mistaken for Raynaud's disease. It can be differentiated from this, however, by the absence of the preliminary disturbances of the vasomotor mechanism which are so characteristic of Raynaud's disease. Kaposi has reported certain cases of bullous gangrene which began as dark-colored vesicles and then spread. Xanthoma diabetica deserves the name because it occurs nearly always in connection with glycosuria. It consists of patches of red flat papules on the knees, elbows and buttocks. Dermatitis herpetiformis has been noted occasionally in connection with diabetes. The deposit of pigment in the skin in certain cases of the disease has given rise to the

term bronze diabetes. This type of diabetes has been studied especially by French authorities. The treatment of the skin complications of diabetes should be preventive. It consists in the most scrupulous cleanliness. Eczema and other skin diseases will frequently resist all local treatment unless the diabetic condition is improved by proper treatment, hygienic and dietetic.—*Jour. Am. Med. Assn.*

PROCTOLOGY.

Prolapse of the Anus in Infants by the Introduction of Suppositories of Ice into the Rectum.—Dr. Hajech recommends for chronic prolapse of the rectum, which is so frequent in infants, a procedure which has succeeded even in severe cases. It consists in introducing pieces of ice into the anus while the prolapsed intestine is being reduced. For this purpose small truncated cones of ice are used, from 7 to 8 cm. long and having a diameter at the base of $2\frac{1}{2}$ to 3 cm. One of these suppositories is enveloped in iodoform gauze, the summit of the cone is passed into the center of the prolapsed gut and the latter gently reduced. This procedure is not at all painful, and the tampon is not usually expelled. After each movement, a new piece of ice, surrounded with iodoform gauze, is inserted. The prolapse recurs less and less often and soon ceases.—*Sem. Méd.*

Staining an Anal Fistula Previously to Operation.—Stevenson (*Southwestern Progressive Medical Journal*) recommends passing a probe into the fistula by the external opening till it touches the index finger of the left hand in the rectum. The probe is then withdrawn and pressure used to close the internal orifice of the fistula. Then with a small syringe inserted into the external aperture a strong potassium permanganate solution is injected with some force, held for one minute, and allowed to drain away externally. The fistula is then laid open and all the stained surface removed by dissection. Besides aiding in the location of the tract and of ramifications, the permanganate reinforces the ordinary disinfectant measures for the destruction of pus by peroxide of hydrogen, etc.—*N. Y. Med. Jour.*

Treatment of Anal Fissure.—Fissure of the anus, according to I. Boas (*Revue d'obstét. et de gyn.*) may be successfully treated without operation, as follows: The patient is to remain in bed on fluid diet for one week, taking ten drops of tincture of opium three times a day. Absolute constipation being thus en-

sured, the fissure is sprinkled with iodoform or calomel, and is not touched with any antiseptic liquids. After eight days a large dose of castor oil is given and the patient told not to let his bowels move until the stools are liquid. Often the first defecation is quite painless, and the fissure is cured. The procedure may rarely have to be repeated.—*Med. News.*

Treatment of Pruritus Ani.—A plan of local treatment for pruritus ani is described by Adloe (*Phila. Med. Jour.*), which in his hands has proven quite uniformly successful. Since more or less hemorrhoidal varicosity is always present, 1 to 2½ drams of the following rectal injection is used daily:

R. Fluid extract of hamamelis..... ʒj.
 Fluid extract of ergot,
 Fluid extract of hydrastis,
 Compound tincture of benzoin..... āā ʒij.
 Carbolyzed olive or linseed oil (5 per cent.)..... ʒj.

M.

Sig. Shake well before using.

This injection should be retained, although it causes the desire for an evacuation.

Upon the first visit, if the skin is very harsh and dry, the anal margin is painted with a saturated solution of silver nitrate. A 2 per cent. solution of cocain will prevent any unnecessary suffering. The silver solution may have to be repeated two or three times, but not earlier than the third day, so soon as the silver has dried, and thereafter the parts are covered with citrine ointment (ung. hydrargyrum nitratis). This is covered with absorbent cotton and retained with a T-bandage. If itching during the night is very bad the patient is directed to bathe with very hot water, followed by black wash or a calomel ointment, but under no circumstances may he scratch the parts. The patient visits the office daily for the first two or three weeks, then less frequently for an equal or somewhat longer period.—*Medical Standard.*

ANTENATAL PATHOLOGY.

Congenital Syphilis.—Dr. J. W. Ballantyne furnishes the following abstract from the *Bull. et mém. Soc. Anat. de Paris* to the *Archives of Pediatrics*:

A. Mouchet has met with a new kind of congenital scoliosis in three cases, one of which was a living child and the other two dead fetuses. One of the fetuses was a female, dead-born, with a number of anomalies, including exencephaly, double talipes

equino-varus, congenital amputations of the fingers of the left hand, malformation of the eyes, and right-sided macrostoma. The spinal deformity consisted in the presence of a wedge of bone and cartilage lying between the first and second lumbar vertebral bodies, causing the scoliosis. The osteo-cartilaginous wedge had its base turned towards the right; its apex, sharp and entirely cartilaginous, looked towards the left. It did not separate the first and second lumbar vertebræ completely; at the left these were separated only by the intervertebral disc, while at the right the intervertebral disc seemed to bifurcate, part of it passing above the wedge, between it and the first lumbar vertebral body, and part of it below the wedge, between it and the second vertebra. On the right side the wedge was furnished with a cartilaginous projection (articular and transverse processes), and posteriorly had an osseous lamina ending in a spinous process united with the spines above and below by ligaments. On the left side the supernumerary vertebra had no neural arch. So the case was one of a supplementary vertebra developed only in its right half. Mouchet refers to a second case reported by himself in 1898 (*Gaz. hebdomadaire de médecine et de chirurgie*, Mai, 1898), in the supplementary half vertebra between the first and second lumbar vertebral bodies was present on the left side; it was discovered by the radiograph in a living female child; and in this instance there were no other anomalies. He had recently seen a third case. He was, therefore, of opinion that these cases prove the existence of a variety of congenital scoliosis due to the presence of a supplementary vertebra, developed only on one or the other side, between the first and second lumbar vertebræ. He also concluded that the extra vertebra might exist as the sole anomaly.

Congenital Cystic Kidneys.—D. J. Whitridge Williams reported this interesting case to the Clinical Society of Maryland (*Virginia Medical Semi-Monthly*). The woman in the case was delivered of twins. The reporter then goes on to state:

Before doing an autopsy on the first child we were struck by the immense size of the abdomen, and we found also that the posterior part of the skull was not well developed, and a large meningocele projected from the posterior frontanelle. There were 16 teeth, not ossified, but distinctly marked off and cartilaginous in structure. Both hands were deformed, one having six

fingers and the other seven. Both feet were clubbed in the varus position, and one foot had six and the other seven toes.

The portion of tumor remaining within the abdomen measured 16 by 13 by 6 cm., and weighed 720 grammes. Adding this to what was removed at the time of operation, we had a kidney of the left side that weighed 1,190 grammes, or three and a half pounds. When we went to look for the cystic structure that we had tapped, we found that that structure was the right kidney, which, in a collapsed state, measured 13 by 7 by 4 cm., and had contained about a pint of fluid; and the kidney tissue had entirely disappeared, and there was nearly a hydro-nephritic sac. The specimen as you see it here gives an excellent idea of the size of the child and its general appearance. The other child was born alive, weighed about 2,090 grammes, and was perfectly well developed.

TERATOLOGY.

Case of Congenital Macroductylism.—Dr. F. L. Taylor (*Pediatrics*) describes the patient, which was a baby eight months old, healthy and well formed except for the enormous enlargement of the index and middle fingers of the right hand and an excessive deposit of adipose tissue at their bases, particularly on the dorsal aspect. The mother stated that the deformity had existed since birth. The middle finger was as large as that of an adult male, its first phalanx being almost as long as the adjoining ring finger. The middle finger was quite useless, while the index finger could be almost fully flexed and extended. The only limitation to its function was at the last inter-phalangeal joint. The index finger was not quite so large as the middle and not parallel with the other fingers, being apparently pushed out of line by the hypertrophy of its neighbor. The other digits were normal in size, form and function. The skiagraph showed symmetrical enlargement of the phalanges of the second and third fingers. The author on examining the epiphyses of the affected fingers found that they had not as yet joined the shafts, so that there was little chance of spontaneous arrest of growth, and as the middle finger was useless and interfered with the forefinger he amputated the former at the metacarpo-phalangeal joint. He hoped in this way to bring the forefinger back into line and so improve the function and appearance of the hand. This anticipation was in a measure realized by the operation.

A Diprosopus.—Dr. J. E. Cavey writes: My first case of obstetrics in the new year was of such unusual occurrence that I believe a report of it would be of interest to the profession. It was the spontaneous delivery of a diprosopus.

On January 8th I was called to attend Mrs. H. S. —, white, aged 38 years, mother of four children born singly. Her mother had given birth to twins. The child was born dead at about the seventh month of pregnancy and weighed six pounds. I was unable to procure the specimen, but obtained a photograph.

Both heads were of uniform size, the bones of each head being well developed. The features were markedly alike. The body was very well formed. The generative organs resembled those of both sexes, a small but well-defined penis springing from the upper portion of the vulva. Labor was tedious but uncomplicated. The right head rested against the ilium, while the left head escaped from the vulva. The recovery of the woman was uneventful.—*Medical Record*.

MEDICO-LEGAL.

Liability of Parent.—That the parent is bound to provide for the maintenance of his minor children is a rule of natural law. But the question to what extent the parent becomes liable for necessities furnished to his minor child is one that is sometimes perplexing. When necessities are furnished, either in the shape of goods delivered or services rendered, with the knowledge and consent of the parent, there can be no question about his liability to pay. But it is laid down as a general rule that no action can be maintained against the parent for goods purchased on credit by his minor child, even though they may be necessary, unless the father has expressly or impliedly authorized the credit.

The authority of an infant to bind his parent for necessities, such as food, clothing, and medical attendance, will be inferred from very slight evidence.—*N. Y. Med. Jour.*

"Christian Science" in Illinois.—It is announced that the attorney-general of Illinois has given an opinion to the effect that the treatment of the sick by "Christian Science," and other like methods, is not illegal, provided no medicine is used. The "Christian Scientists" will doubtless exult at this, but it may prove ultimately a stumbling block in their way, for it will detract from their attitude as martyrs.—*New York Med. Jour.*

BOOK REVIEWS.

Surgical Anatomy. A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By JOHN B. DEEVER, M.D. In three volumes. Illustrated by about 400 Plates nearly all drawn for this work from original dissections. Vol. II. Royal 8vo., pp. 709; neck, mouth, pharynx, larynx, nose, orbit, eyeball, organ of hearing, brain, male perineum, female perineum, with 170 full-page Plates. [Philadelphia: P. Blakiston's Son & Co. 1900. Price for three volumes: Handsome cloth, \$21.00; full sheep, \$24.00; half green morocco, marble edges, \$24.00; half Russia, gilt, marble edges, \$27.00 net.

We are just in receipt of the second volume of this magnificent work and it seems to be growing progressively better as it advances. The author made the statement, when the first volume appeared, that he had spent twelve years in the preparation of the entire work. The volume before us alone easily represents that amount of conscientious and painstaking labor. In fact, the three volumes will be equal to a life's work and we are certain will yet be the reliable guide in surgical anatomy that it is now when the present generation shall have passed away for many years. In other words, it is a book that will live and continue useful to many successive generations, as its value fully entitles it to be. As we have stated on a former occasion, it is one which will fittingly close the century in so far as it represents the highest plane of medical literature and the advanced methods obtaining to-day in teaching and in the bookmaker's and illustrator's art.

In the volume before us are delineated and described what are possibly the most complicated organs and regions which the surgeon is called upon to consider in his operative work. The plates, moreover, are made from actual dissections, which show all the anatomical structures of the part under consideration and not merely some single structures, as the bones, arteries, or nerves as is but too often the case in works on anatomy. What we have been most particularly pleased to note is the prominence which has been given to the lymphatic system. This is certainly as it should be, for the glands and vessels as well as spaces so-called play a large and important role in the pathological processes which invade the human organism. The veins also receive a deserved share of attention as they should. Surgeons have been too prone to neglect veins and lymphatics, giving an undue amount of attention to the arteries and possibly to nerves. The author very properly gives each its proper and fair share of attention, impressing the importance of each in both surgery and medicine proper.

Volume II. is, as we have stated above, of more than ordinary importance, as it deals with structures and organs of the greatest

importance. Thus, the neck is considered in a manner which greatly simplifies the matter and yet the text and illustrations are most thorough and demonstrative. Dr. Deaver, however, is possessed of the art of being able to simplify the most complicated subjects, and, in doing this, of making them most interesting to his readers. He induces further study and investigation and his text is full of suggestion of the highest order of excellence. The organs of special sense show, in the manner they are described, this peculiarity developed to the highest degree. There is possibly no special work on the diseases of these organs which enters more fully into their anatomy than the work before us, and there is none which is better or more handsomely illustrated. The brain is thoroughly handled, its anatomy being elucidated from every possible point of view. The male and the female perineum conclude this volume, and they are by no means the least important subjects taken up. The genito-urinary surgeon and operative gynecologist will find in these subjects much useful matter and in the text many a valuable anatomical and surgical hint.

We, like many others, have been actually fascinated by Deaver's *Surgical Anatomy*, and we do not wonder at this, for every one whom we have questioned on the subject says the same thing. The plates are so excellently made, the truth to fact stands out so prominently and may be verified so easily, the text is so clear, the practical applications are so obvious, and the hints which are given so suggestive and valuable that it would be difficult indeed to find any one who would dissent from the high encomiums which this work has won on both sides of the Atlantic. The publishers have outdone themselves in the production of the book. The printing, the paper, the binding and the plate-work are beyond criticism. They have given a fitting dress for the text, and the combination is one which should certainly appeal to every progressive physician and surgeon. We expect to hear of a very large sale of this work when it becomes more thoroughly known by the profession.

Contributions from the William Pepper Laboratory of Clinical Medicine. Royal 8vo., pp. 479. Illustrated with Plates and Engravings. [Philadelphia: Published on the Phoebe A. Hearst Foundation. 1900.

The University of Pennsylvania may well afford to feel proud of this volume, issued as a memorial to its late rector, the lamented Dr. William Pepper. He represented, without a doubt, the highest type of the cultured American physician, and those who have had the good fortune of knowing him personally look back upon the occasions when they have met him and had intercourse with him as never to be forgotten and to be counted with the most pleasant in their lives. The collection of contributions before us is a fitting tribute to the memory of a man whose greatness becomes the more apparent the more his absence is realized.

The volume is illustrated with a well-executed steel plate engraving of Dr. William Pepper, which is a remarkably good portrait. To give more than an approximate idea of the contents would be impossible, with the limited space at our command. Among the more important papers in this book may be mentioned: Two Cases of Muscular Dystrophy with Necropsy, by William G. Spiller; A Case of Amyotrophic Lateral Sclerosis in which Degeneration was traced from the Cerebral Cortex to the Muscles, by the same author. An interesting report is that in a Case of Melanotic Sarcoma of the Spinal Cord, by Joseph Sailer. Studies in Leukemia, by Alonzo Engelbert Taylor, is a contribution to pathology of the highest importance, which is destined to give a fresh impulse to this more than ordinarily interesting subject. This is by far the largest and most complete of the contributions and constitutes a veritable monograph upon the subject. Leukemia is considered from every standpoint and is a veritable monumental piece of work on the subject.

Dr. Alfred Stengel, the director of the laboratory of clinical medicine, is represented by an excellent study on the pathology of the erythrocyte. We suppose that he mixes oxalate of potash with the blood in his examinations, although he speaks of *oxylate*. He has very thoroughly studied the various changes which occur under the action of chemicals, those which are caused by disease processes, and calls attention to the different artefacts observed. A more than ordinarily interesting report of a case is that on primary endothelioma of the left superior pulmonary vein, by Joseph Sailer. This is of more than ordinary pathological interest and may prove a stimulus to continued work in this direction.

There are more contributions in this volume, all being excellent. Dr. Stengel, who directs the laboratory, has good cause for congratulation upon the showing made by this volume as evidence of the high order of work which emanates from the workers who are under his charge. We hope to see more contributions like the present one appear in the future. They do honor to the University of Pennsylvania and reflect great credit upon the serious workers of the American medical profession.

A Manual of Clinical Diagnosis by Means of Microscopic and Chemical Methods, for Students, Hospital Physicians, and Practitioners. By CHARLES E. SIMON, M.D. Third Edition, thoroughly Revised. 8vo., pp. 558. Illustrated with 136 Engravings and 18 Plates in Colors. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$3.50 net.

A good book is always appreciated, and this is no better illustrated than in the case of medical works. The one before us has enjoyed an unquestioned popularity, and this is illustrated by the fact that a third edition is called for within four years of the appearance of the first. That it is fully deserving of this is fully proven by an attentive examination of its contents. The aim of

the author has been to furnish his readers with exact, practical, and modern methods of making a precise diagnosis. His peculiar adaptability to a task of this sort may be easily surmised when it is borne in mind that, for some years, he acted as assistant resident physician of the Johns Hopkins Hospital. If there is any institution in this country where exact methods are used that is certainly the one.

These are given in the book before us, and in such a clear manner that the simplified methods of precise diagnosis may be understood and applied by any physician. That this has been a long-felt want is evidenced by the number of editions which have been called for and the increasing demand for the work by the medical profession. This is in part due to the fact that the physician is not called upon to keep complicated apparatus. On the contrary, the methods have been such as to make them practicable so far as possible with the apparatus which every well-equipped physician is supposed to have.

It would be a rather difficult matter to take into consideration the various features of such a complete manual. Suffice it to say that it is both systematic and complete. Much new matter has been added, more especial attention having been paid to the recent developments in blood diagnosis. Hemology has received full consideration, and most deservedly so in view of the important factor it has become in the matter of the exact diagnosis of disease. The work is a most valuable and helpful one, and no physician can afford to do without it and the valuable help it will render him.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., assisted by CHARLES ADAM HOLDER, M.D. Vol. II. June 1900. Surgery of the Abdomen, including Hernia; Gynecology; Diseases of the Blood; Diathetic and Metabolic Diseases; Diseases of the Glandular and Lymphatic System; Ophthalmology. 8vo., pp. 411. Illustrated. [Philadelphia and New York: Lea Bros. & Co. 1900. Issued quarterly. Price, \$10.00 per year.

The present volume of progressive medicine keeps up well the standard which has been set for each successive volume. In this number, the second for this year, Dr. Coley opens up the volume by an article on the Surgery of the Abdomen, including Hernia, in which, among other things, he deals more particularly with operations of the stomach. The latest methods of the best operators are given and commented upon by this able authority. Hernia is thoroughly discussed in all its phases and the various methods exposed during the past year are judiciously criticised. Considerable attention is paid to Bassini's operation as well as to Bloodgood's results. Appendicitis comes in for consideration in view of the newer method of operating which has been advocated.

There is quite some discussion on the question when to operate and as to the necessity for drainage. This should be of the highest interest to all surgeons. Abdominal tumors, methods for their diagnosis and the use of the X-ray in detecting abdominal calculi close a very interesting and important section.

The progress made in gynecology during the past year is ably discussed by Dr. John G. Clark, the résumé made by him being both interesting and to the point. Quite some stress is laid upon the treatment of pelvic peritonitis and of inflammatory pelvic exudates. In the former the editor advocates thorough drainage in preference to hot vaginal irrigation, calling attention to the bad results following the latter procedure. The Ultimate Results in Treatment of Retroversions are more than usually interesting and instructive.

Diseases of the blood and diathetic diseases are treated of in his usually thorough manner by Dr. Alfred Stengel. He has a particularly fertile and important field committed to his care; he certainly makes it productive. Such ever recurring pathological conditions as anemia, chlorosis, leukemia, etc., are treated in great detail; and the diseases due to metabolism are considered in a most thorough manner. The whole subject matter of this section cannot fail to be of great practical value to the physician.

Dr. Edward Jackson in his critical review of the past year's progress in ophthalmology, as has been his custom in the past, has endeavored to supply the needs of the general practitioner rather than those of the specialist. He gives a good account of progress, supplemented by valuable and practical hints of almost daily application.

The aim of the editors of *Progressive Medicine* has been successfully carried out, and the demand created by the general satisfaction produced is evidenced by the increased demand which has succeeded each issue. The excellence of this publication is beyond doubt and it has established itself to stay.

A Treatise on Appendicitis. By JOHN B. DEEVER, M.D. Second Edition, thoroughly Revised and considerably Enlarged. 8vo., pp. 300. Illustrated with 22 full-page Plates. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$3.50 net.

The first edition of this work appeared about four years ago, and the present is in response to a call for a second. The literature which has appeared upon the subject is enormous, and the experience of surgeons on this trouble has been growing apace. Many of our readers can easily recall the days of perityphilitis and the crude methods which then prevailed. For the treatment of this malady modern investigation with its more exact methods evolved appendicitis, and it was but a step further for surgery, equipped as it had become, to devise the rational operation which

exists at this day, and which beyond all doubt has proven the savior of thousands of lives.

Dr. Deaver did a real benefit when he wrote the first edition of his classic work, which has found its way into the hands of every operator. That the present edition will meet with even a greater demand goes without saying. The work is practically a new one. Every page has been rewritten, considerable new matter has been added, so much so that the author feels justified in calling his work a treatise. He has not only profited by his enlarged experience, but he has added thereto the accrued observations of other operators, and in this manner has been enabled to present us with a full as well as thoroughly reliable monograph upon the subject.

All the phases of appendicitis are taken up and critically reviewed from a theoretical as well as practical standpoint. Diagnosis is particularly dwelt upon as being the essential prerequisite to all attempts of a medical nature. The author advocates early operation, provided that a positive diagnosis has been made. He deprecates the use of certain measures by the inexperienced as being liable to do more harm than good. In fact, he may be looked upon as being conservative in his tendencies.

This book can be recommended to all who desire to obtain a knowledge of appendicitis and who wish a thoroughly competent work on the subject. The illustrations and plates are done in the highest style of art, and the book itself is fit to grace the shelves of any medical library.

A Manual of Operative Surgery. By LEWIS A. STIMSON, B.A., M.D., and JOHN ROGERS, JR., B.A., M.D. Fourth Revised Edition. Royal 12mo., pp. 586. With Two Hundred and Ninety-three Illustrations. [Philadelphia: Lea Brothers & Co. 1900. Price, \$3.00 net.

Stimson's Operative Surgery has, for many years, been a favorite with medical students, and it still holds the same esteem and favor among undergraduates in medicine, and not a few surgeons. In the present edition we find that many illustrations which had outlived their usefulness are omitted. Much text has also been dropped to give way to more modern matter. The author has carefully revised and rewritten the work, bringing it up to date in every detail. We have examined this last edition carefully, and it is marvellous to find so much of operative surgery in such a small compass. Every page teems with modern, up-to-date teachings, and technique is illustrated so clearly and comprehensively that he must be dull indeed who cannot accomplish results with such a guide to aid him. To us the book comes in the guise of an old friend, ever welcome and greeted with increasing pleasure upon each reappearance.

We anticipate that a large sale will follow the issuance of this new edition, the more so as it is strictly in keeping with the latest

advances in surgery. The publishers have made a handsome and handy volume of it and one whose external appearance is as attractive as its contents are interesting.

Diseases of the Eye. By EDWARD NETTLESHIP, F.R.C.S. Revised and Edited by WM. CAMPBELL POSEY, A.B., M.D. Sixth American from the Sixth English Edition. With a Supplement on Examinations for Color-Blindness and Acuity of Vision and Hearing by WILLIAM THOMSON, M.D. Royal 12mo., pp. 560. With 5 Colored Plates and 192 Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price \$2.25 net.

Nettleship on the eye is so well known as to need no introduction from us. His little work on diseases of the eye has been the most popular English work on the subject so far issued. This is attested to by the fact that it has now gone through six English and six American editions. The one before us is a copy of the latter, which has been carefully edited by an American, adapting it to the methods which prevail in this country. It is particularly adapted to the needs of American practitioners and students, and especial attention has been given the methods of examination and therapeutic measures which have been recently employed here. In addition to his chapters on testing for color sense and acuity of vision, Prof. William Thomson has made this to conform to the standard accepted by the railroads. Dr. Posey has added the United States government tests for admission to the public service, army, navy and merchant marine, as well as the tests adopted by certain cities for school children. As in former editions, Snellen's test chart is given, so that the book is compact and practical and the best all-round manual which is issued.

We can recommend this book as a first-class work, and we know from past experience that it is always a valuable friend in need.

Forty Years in the Medical Profession, 1858-1898. By JOHN JANVIER BLACK, M.D. 8vo., pp. 498. [Philadelphia: J. B. Lippincott Co. 1900.

This is a very interesting account of a physician's experiences during forty years of professional life. It is chiefly interesting from the fact that it is a rambling account and, as the author states, a mass of flotsam and jetsam. This makes it not the less interesting and gives it the added charm of continually furnishing surprises. The style is pleasant and easy to read. In fact, it is rather fetching and leads one to continue. For physicians it possesses a certain charm, and for those who have been in the harness a number of years it is endowed with added interest. It contains many humorous anecdotes, has much matter of in-

térest, and gives a running account of the changes and improvements which have taken place in medicine during the past forty years. It is a book which will be appreciated to the fullest extent by the older physicians and could certainly be read with interest as well as profit by the younger generation of medical men.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Surgical Anatomy. A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By John B. Deaver, M.D. In Three Volumes. Illustrated by about 400 Plates, Nearly All Drawn for this Work from Original Dissections. Vol. II. Royal 8vo., pp. 709. Neck; Mouth; Pharynx; Larynx; Nose; Orbit; Eyeball; Organ of Hearing; Brain; Male Perineum; Female Perineum. With 170 Full-Page Plates. [Philadelphia: P. Blakiston's Son & Co. 1900. Price for three volumes, Handsome Cloth, \$21.00; Full Sheep, \$24.00; Half Green Morocco, marbled edges, \$24.00; Half Russia, gilt, marbled edges, \$27.00 net.

Contributions from the William Pepper Laboratory of Clinical Medicine. Royal 8vo., pp. 479. Illustrated with Plates and Engravings. [Philadelphia: Published on the Phoebe A. Hearst Foundation. 1900.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., assisted by Charles Adams Holder, M.D. Vol. II. June, 1900. Surgery of the Abdomen, including Hernia, Gynecology, Diseases of the Blood, Dietetic Diseases, Diseases of the Glandular and Lymphatic System, Ophthalmology. 8vo., pp. 411. Illustrated. [Philadelphia and New York: Lea Brothers & Co. 1900. Issued Quarterly. Price, \$10.00 per year.

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Diseases of the Eye. By Edward Nettleship, F.R.C.S. Revised and Edited by Wm. Campbell Posey, A.B., M.D. Sixth American from the Sixth English Edition. With a Supplement

on **Examinations for Color Blindness and Acuity of Vision and Hearing** by William Thomson, M.D. Royal 12mo., pp. 560. With 5 Colored Plates and 192 Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. \$2.25 net.

A Manual of Operative Surgery. By Lewis A. Stimson, B.A., M.D., and John Rogers, Jr., B.A., M.D. Fourth Revised Edition. Royal 12mo., pp. 586. With Two Hundred and Ninety-three Illustrations. [Philadelphia: Lea Brothers & Co. 1900. Price, \$3.00 net.

Forty Years in the Medical Profession, 1858-1898. By John Janvier Black, M.D. 8vo., pp. 498. [Philadelphia: J. B. Lipincott Co. 1900.

A Manual of Clinical Diagnosis by Means of Microscopic and Chemical Methods, for Students, Hospital Physicians and Practitioners. By Charles E. Simon, M.D. Third Edition, thoroughly Revised. 8vo., pp. 558. Illustrated with 136 Engravings and 18 Plates in Colors. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$3.50 net.

The Gout is the title of a picture which has been issued by Messrs. Battle & Co., the well-known pharmaceutical chemists. The picture represents a gouty right foot being attacked by its arch enemy in the shape of a horrid dragon, which has driven all its claws, each one having a barbed hook at its extremity, through the tissues of the afflicted member. The dragon, though small, is vicious, and has an expression of infernal malignity in its wicked eyes, and even its bared teeth evidence the extreme hatred it has for man. It is, on the whole, a very striking picture and was drawn by an English physician. It is certainly appropriate to hang on the walls of a physician's office. An application to Messrs. Battle & Co., of St. Louis, for a copy will meet with a ready response if accompanied by a professional card.

The **St. Louis Medical Review** is the name which has been adopted for the *Medical Review*. This is a very good move as it will serve to distinguish it from the English publication of the same name. They are both good and progressive. Dr. H. W. Loeb continues to be the managing editor of our local cotemporary and he has attached to himself a large corps of competent associates.

The American Medical Magazine.—The publishers of *The American Medical Quarterly*, in closing the first volume, take great pleasure in announcing that, with the beginning of the second volume on August 1st, the title will be changed to *The American Medical Magazine*, and will be published monthly, the subscription price, \$2.00 a year, remaining unchanged.

Correction.—In last month's issue of the JOURNAL we alluded to the monthly supplement which is sent to all subscribers to

Sajous' Cyclopedia. The name of this monthly, as correctly given, is the *Monthly Cyclopedia of Practical Medicine*. It is sent gratis for three years and embraces about 500 royal 8vo. pages annually. This alone is worth the subscription price of the entire work, and it is so arranged as to be easily bound uniform with the work to which it is supplementary.

Warner's New Therapeutic Reference Book.—Regarding this hand-book of therapeutics, we wish to say it is one of the very few guides of its kind now offered students and busy practitioners. As its preface states, it is not intended to teach graduates anything about therapeutics, but it is to be regarded rather as a handy aid to a poor memory. Many exceedingly valuable tables are represented, including the metric table, thermometric equivalents, etc.; valuable tests for various matters, including urinary tests for albumen, sugar, etc., etc.; comparative value of certain foods; a complete dose table of drugs; a list of diseases and their remedies; hints as to indications of pregnancy; recommendations as to post-mortem examinations, etc., etc. The brief mention above gives but a faint idea of the many valuable departments of this new book.

The subjects are interesting, and are written in such a manner as to give a comprehensive idea of what is in the author's mind. "Warner's New Therapeutic Reference Book" must not be confused with "Warner's Therapeutic Reference Book." The latter has been discarded, the new one taking its place. So many new features have been added, and the other parts entirely re-written to a great extent, that it may be termed a new book.

It is bound in two styles: one leather, at 50 cents, and the other a leatherette, at 25 cents per copy; postage prepaid in both instances.

MELANGE.

In Memory of Dr. Hill.—The St. Louis Medical Society at a special meeting July 21st took action on the death of Dr. Robert J. Hill, who had been for many years a member. A committee, consisting of Doctors Robert Barclay, L. H. Laidley, Thomas S. Hawley and Joseph Grindon, reported the following, which was unanimously adopted:

"The St. Louis Medical Society has learned with great regret of the loss which it and the community have sustained in the

death of Dr. Robert J. Hill, for many years an honored member of this body.

"Dr. Hill's many qualities of head and heart won him the respect and esteem of his fellows, which manifested itself in concurring upon him several positions of trust and honor.

"His skill and devotion to his profession procured him a large practice to which he gave his best efforts until the last days.

"We feel that in Dr. Hill's death this society has sustained a heavy loss, and desire to bear testimony to his careful judgment, honesty, kind-heartedness, charity to the poor, energy, industry, and correct professional life.

"We direct that these resolutions be spread upon the minutes of the society, and that copies be transmitted to his family and to the daily secular and local medical press."

Contract Practice in Massachusetts. — Massachusetts is just now the storm-center of club practice, and Springfield the immediate focus of the disorder. The secret and benefit societies, representing some four thousand members, including three thousand heads of families, are said to have found five physicians who are willing to go to Springfield under the inducements they offer. These are the salary of about \$800 from the membership fees, and the prospects of what can be made from practice in the families of members who are not entitled to free medical treatment. It is estimated, by the societies, that this will amount to \$3,000 a year in addition to the sum above mentioned, but they are careful not to guarantee this much. In view of the fact that these society directors will not be able to call any of the regular physicians in consultation, and that they will, or ought to be, ostracised by reputable physicians, it is quite likely that they will regret their action before long. It is not likely that every one in the three thousand families will willingly submit himself solely to the five selected, with no chance of the benefits of any superior skill. If the members of the profession stand together, it will be only a question of time when these societies will disintegrate from their own defects, at least so far as their medical practice feature is concerned. In Pawtucket, R. I., some society contract physicians who have been refused consultations have already begun to find their condition intolerable, and have announced their intention of with-

drawing from contract practice. This is not "trades unionism;" it is simply the elimination of contract commercialism from medical practice by the professional non-recognition of those that indulge in it. The physician who puts himself at the beck and call of any one who pays a dollar a year cheapens himself and degrades his profession, and professional non-recognition is only his desert. So far as it appears from the newspaper accounts that have reached us, no physicians of any standing have accepted these positions, which fact is creditable to our Massachusetts confrères.—*Jour. Am. Med. Assn.*

Death of Alexander J. C. Skene, M.D., LL.D.—Dr. Alexander J. C. Skene of Brooklyn died July 4, at his summer home, Highmount, in the Catskill Mountains. He had been suffering for some time from occasional attacks of angina pectoris, but nothing was suggested by his condition to cause his family or his friends concern.

Dr. Skene was born in 1838 in the Parish of Fyvie, Aberdeenshire, Scotland. He came of a noted Scotch family, many of the members of which had been closely identified with much of the history of Scotland. He came to this country when 19 years old. He took a deep interest in the medical profession, and soon after his arrival he entered the University of Michigan. From there he went to the Long Island College Hospital in Brooklyn, from which institution he graduated in 1863. He offered his services to the Government in the Civil War, and went to the front as a surgeon. While with the army he evolved a plan for a hospital corps which to-day is in use in the army and the National Guard.

After the war Dr. Skene returned to Brooklyn, and was appointed Adjunct Professor at the Long Island Medical College. He soon became noted as a diagnostician and successful operator. He later became Professor of Gynecology, and was for a long time Dean of the Long Island Medical College. He retired from the faculty about a year ago. Dr. Skene has been honored with the presidency of the New York Obstetrical Society and of the American Gynecological Society. He was also for many years President of King's County Medical Society.—*Medical Record.*

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 717.

VOLUME LXXIX.—SEPTEMBER, 1900.—No. 3.

ORIGINAL COMMUNICATIONS.

THE VALUE OF THE VEGETABLE DIGESTIVE FERMENT IN THE TREATMENT OF CHRONIC ALCOHOLISM.

BY JOHN M'DONALD, M.D., NEW YORK.

In the scientific consideration of any abnormal or diseased condition, the "treatment" is naturally divided into (1) prophylactic and (2) curative, and to this latter point, so far as it relates to the subject of alcoholism, we wish to direct attention in the present article. Though the many pulpit sermons that have been preached, platform lectures delivered, illustrated physiologies taught in our public schools, and temperance pledges offered and signed, may serve to teach the victim of alcoholic indulgences the error of his ways, and furthermore may be considered modes of treatment conveniently classed under the head of "prophylaxis," yet to cure the patient, to remove the bodily infirmity from which he is actually suffering (and the dangers from which he appreciates as fully as his various advisers) the skill and aid of the physician himself is required. In other words, while the evils of "intemperance" may be pointed out by the moral philosopher, the ills of "alcoholism" demand the attention of the pathologist.

Though the effects produced by prolonged indulgence in alcoholic beverages are largely systemic in character, and observable in the various tissues of the body, the principal damage is done to the glandular organs, especially of digestion, whose important

function may at times be almost suspended. Constant stimulation by alcohol of the glands of the stomach and intestines results finally in their exhaustion and consequent loss of power of secretion. The ferment principle of the gastric and pancreatic juices becomes deficient; food, when ingested, is not only left in the stomach undigested, but remains to ferment and cause distress, or may be rejected from the body entirely. Loss of appetite follows, insufficient nourishment is taken (none at all for days at a time), malnutrition results, and the patient becomes weak and nervous and resorts to further stimulation.

It is evident that to get at the root of the evil something more than general advice is required or even general tonics. To effect substantial returns for our efforts attention must be directed to the real cause of the trouble, i. e., the inability to eat and digest food without the stimulation of alcohol; for, upon the withdrawal of this accustomed stimulus to glandular action, the ingested food is left in the presence of an insufficient or too feeble secretion to render the food soluble and diffusible, and thus fit for absorption. One of two things is therefore indicated. Either an artificial digestive must be furnished or else the natural secretions themselves must be stimulated to action. But inasmuch as this latter course has already been carried to an extreme through the use and abuse of the alcohol, which is itself primarily responsible for the enfeebled condition, we are forced to adopt the former. The aid of a digestive ferment is required in order to take charge of the food for a time, giving the glandular organs themselves a chance to recuperate during a course of general tonic treatment.

The question, then, resolves itself into a selection of the digestive agent which will best answer the requirements of the case: i. e., one that will digest any and all classes of food in any and all media. The various animal ferments have been tried and found wanting. The action of any one of them is too limited and conditional to fulfill the duties required of all combined; and if combined the presence of one is fatal to the action of the other. Pepsin partially digests only proteid foods; and besides acts only in an acid medium, being, therefore, useless in any form of intestinal indigestion. Pancreatin, on the other hand, acts only in an alkaline solution and is rendered inert in passing through the acid stomach; while if given in conjunction with pepsin it is itself digested like any other albuminous substance.

The above considerations point to the fact that in cases where all of the digestive secretions are at fault, as in chronic alcoholism, some ferment principle is required whose action will not be restricted by the chemical conditions prevailing in the several portions of the alimentary tract. In the work of Prof. Hemmeter (*Diseases of the Stomach*, p. 346), attention is called to the superiority of the vegetable ferments, especially caroid, obtained from the juices of the plant *carica papaya*. Animal ferments are condemned because of their limited application, being ineffective in the presence of neutral salts and many drugs which are required as tonics or reconstructive agents in cases of malnutrition or convalescence from wasting diseases. Prof. Chittenden, of Yale University, has shown, too, by carefully conducted experiments, that the digestive power of caroid is superior to that of any other of the vegetable ferments, and that its action is not restricted, but often enhanced in the presence of antiseptics and other drugs. It possesses both proteolytic and amylolytic digestive powers, and is equally active in an alkaline, neutral or acid medium.

The value of a digestive ferment of such a character, in case of chronic alcoholism, becomes at once apparent, even had it no other application than that which has already been described; but when we consider that it is itself a remedial agent in the true sense, that it cleanses the stomach walls, leaving them in an absorptive condition, removing the mucus from the alimentary tract and promoting the secretion of the natural digestive fluids, we are in a position to assign it its real importance among the most effectual remedies in the armamentarium of the practicing physician. In the treatment of maldigestion, from whatever cause, the writer has found it an agent of the greatest value, and in the following case, in which indigestion was one of the most stubborn features of a chronic alcoholism, it was used with exceptionally gratifying results.

John McK., Irish-American, æt. 56, had been a victim of the alcohol habit for more than twenty-five years, the principal ill-effects from which were exhibited in the form of indigestion, sleeplessness and occasional muscular tremors. Notwithstanding his well-known proclivities, he had prospered well in a wordly sense, had become a politician of local importance, and desired appointment to a certain public office which required a steady

hand and clear head. Every attempt, however, to abstain from his usual dosage of stimulants resulted in increased nervousness, sleeplessness and great repugnance to food. It was utterly impossible for him to eat, the food remaining an almost totally undigested mass in the stomach for two or three hours and then ejected. Various remedies had been tried without avail, animal ferments among the number.

It was finally decided to try a vegetable digestive, caroid being selected as the most efficient. Four grains of the powder were given in a cupful of hot water with each meal. Strychnine and iron were also given soon after eating for their general tonic effect. The results of this treatment were immediate and satisfactory. The patient was determined to gain control over his unfortunate habit, and refrained from his accustomed stimulants during the whole course of the treatment.

At the end of three weeks the improvement was very marked. Food was taken regularly and digested with ease. The nervousness had almost entirely disappeared, and the patient slept without the aid of narcotics. The desire for alcohol gradually wore off, the appetite increased, and at the end of the second month of treatment food was taken and digested without the use of the ferment. Three months have now elapsed since the patient abandoned the use of stimulants, and he reports himself as never having been in better physical condition, that his weight has increased fully ten pounds, and that he considers himself entirely cured of his old habit.

Cure for Madness.—It is most amusing what mares' nests the *Sun* newspaper is always trotting out. It has discovered a wonderful cure for madness, but gives the credit to Dr. Warren Babcock, the head of the State Hospital at St. Lawrence. It must be gratifying to all engaged in asylum work to learn that a cure for acute delirious mania has been discovered. A puncture is made in the lumbar region whereby a certain quantity of cerebrospinal fluid, stocked with bacteria, is drawn off, and this results in a cure of acute delirious mania under certain conditions. We should like to know what the *certain conditions* are. It is very tantalizing of the *Sun* to treat us to so unfinished a description, therefore we must take a sceptical view of it in the meantime.—*Med. Press.*

THE BLOODLESS TREATMENT OF CONGENITAL DISLOCATIONS OF THE HIP JOINT.

BY ADOLPH LORENZ, VIENNA.

The bloodless treatment is to be preferred to the operative, for the latter is not without its dangers ($\frac{1}{10}$ per cent. mortality according to different statistics). The ankyloses and contractures, which frequently follow, require a tedious after-treatment. The injury to or the extirpation of the Y-shaped cartilage of the acetabulum may result in subsequent deformity of the pelvis, on account of disturbances in development.

Among the bloodless methods, the treatment by means of portable apparatus can be said to be without limit; but, as a rule, without result, in spite of this fact. The gradual reduction of the head of the femur by means of bed extension is only successful in very young children. The treatment is tedious, and the confinement of active children in extension beds is detrimental to their general health.

The bloodless reduction, under narcosis, overcomes all these difficulties. Under the proper age limits it is entirely without danger. These limits are, for unilateral dislocations, the 9th, 10th year; for double dislocations, the 7th, 8th year. Ankyloses and contractures need not be feared. The bloodless reduction is performed either over the upper rim of the acetabulum by means of horizontal extension, or over the posterior rim by means of vertical extension. This latter procedure is preferable, since the stronger development of the posterior rim allows the success of the reduction to be more readily recognized. The typical reduction, over the posterior rim, is performed (without instruments) in the following manner:

First, the tense adductor muscles are torn (subcutaneously) in forced abduction, by means of pressure and stretching (*Myorhexis adductorum*).

Secondly, the thigh, having been flexed to a right angle, is stretched vertically with the hand and abducted 90°, pressure being made at the same time upon the trochanter. The success of the reduction is manifested by positive physical and clinical signs, and can be verified by means of the radiograph. The principle of the after-treatment consists in centering the weight of the body upon the base of the acetabulum, the base of the

acetabulum resting upon the reduced head of the femur. From functional irritation the acetabulum becomes wider and is deepened, especially by the building out of its upper rim.

To keep the head of the femur within the acetabulum (retention), the thigh is (thirdly) fixed in extreme abduction and slight over-extension for a period of four to five months. The extreme position is then replaced by a median position of the joint (slight flexion and lessened abduction), and the thigh is again rendered immobile for four to five months. During this period of immobilization the patients must be up and about as much as possible. The final treatment is carried out by means of massage and gymnastics, especially of the pelvi-trochanteric muscles, without the application of any mechanical supports. The examination with the radiograph shows that in many cases a complete anatomical restoration of the hip joint and an ideal cure of the dislocation has been attained, inasmuch as the acetabulum has been concentrically widened and deepened under the pressure of the body weight. On another series of cases the acetabulum has been eccentrically widened towards its upper extremity by the formation of a new bony upper rim. On still other cases the head of the femur cannot be retained within the pan. The latter remains unchanged, an anterior superior dislocation resulting; so that the anterior crest of the ilium engages the head of the femur. Up to the present the anatomical result has been good in about one-half of all cases. On the other half the result has been indifferent; but even in these cases where the anatomical result has miscarried the functional result as regards to endurance and symmetry in locomotion has been excellent, and very much better than the result of the bloody reduction. The pathological lordosis of the double dislocation disappears entirely.

Has the bloodless reduction been unsuccessful, the operative reduction by means of arthrotomy can then be performed, in which the acetabulum is left intact and the after-treatment carried out according to the principle of the bloodless method.

Further details are contained in my latest book, "The Treatment of Congenital Dislocations of the Hip Joint by means of the Bloodless Reduction."

ALOPECIA AREATA.

BY NORMAN WALKER, M.D., EDINBURG.

It will of course be understood that I do not profess to speak with the voice of British dermatology; the views which I put forward I alone am responsible for.

Work on the subject of alopecia areata at present necessarily very largely concerns itself with the views so ably and so emphatically put forward by M. Sabouraud, and the original work I have done has been largely on his lines, for the other theories of the disease are such as are concerned with statistics and the interpretation thereof, in which the bias of the individual mind is strongly pronounced.

The nerve theory which has so long and still holds so widely in our country, particularly among general physicians, has in my opinion been long ago satisfactorily dealt with by Buechner, whose diagram of the distribution of the cutaneous nerve shows quite clearly that at any rate all cases of alopecia areata cannot be due to nerve influence. I think, however, that even the most ardent partisan of the infective theory will admit that there are occasionally cases which are apparently dependent in some way on nerve influence, whatever that may be. These cases are I believe fairly easily distinguished from the great majority of the cases in which I am unable after to find evidence of any nervous influence which will stand the application of the most rudimentary logic. In these cases the patches are very frequently irregular in shape, the skin is smooth and glossy, and there are rarely any of the typical (!) hairs. Among the thirty odd cases which I have most carefully investigated only one has appeared to me of this type, and I leave to the neurologists the task of explaining what particular form of nerve influence it is which leads to the sudden falling out of the hair over the area of distribution of a particular nerve.

There are two theories held by prominent dermatologists in London to which it is proper that I should allude. M. Hutchinson regards alopecia areata as a sequel of ringworm, irrespective of the interval which has elapsed, and indeed goes further in relating an outbreak of this disease to an attack of ringworm in some member of the patient's family.

Examining my cases with this theory and omitting all allusion to cases previously under my notice, in which I have often enquired as to the previous presence of ringworm, I find that my first case,

a man of 36, had ringworm 15 years ago; that case 4 gave a history of a "mangy" dog in the house, which "mange" was possibly ringworm (this case will appear in another category); that case 23 was a girl of 11, one of a family of eleven children, nine of whom had had ringworm. After scarlet fever she developed alopecia areata. She was put to sleep with a brother, the only one remaining who had not had ringworm, and he developed alopecia areata.

No. 27, a boy aged 8, is said to have had ringworm of the scalp severely three years ago, which was cured in seven weeks. In case 29, a girl aged 11, the patient's step-brother, now aged 21, had ringworm fifteen years ago—four years before the patient was born!

Dr. Crocker's theory is even more startling, for he regards most of the cases diagnosed as alopecia areata as really examples of unrecognized ringworm. I have repeatedly followed his directions to examine hairs from beyond the margin of the disease, where he says the fungus is more readily found, and I have never succeeded in my search. I quite admit that cases of ringworm are sometimes diagnosed as alopecia areata, but I hope not by me.

There remains, then, the infective theory, for which there has long been a strong clinical backing, and to which great interest has recently been directed by M. Sabouraud's brilliant work. I think I only do my duty to my native country in pointing out that Dr. Thin many years ago made observations in this direction—observations which do not appear to have had that recognition which they merited.

Clinically my cases have the following facts apparently supporting this theory:

Case 1, on remarking on the presence of the disease to his barber, was informed that four or five of his regular customers were suffering from the same disease. The interest I displayed in the case so impressed the patient that he called on the barber "with a club," and I was very nearly involved in a lawsuit on the matter. Case 4 was a boy attending a school where three other boys had the disease. The mother of case 8 had alopecia areata before the patient was born. The patient was 27 years of age and had had the disease for five years. This is obviously a mere coincidence. Case 12, a boy of 17, had had the disease for five years, and in the last six months his most intimate friend has

developed the disease. Case 20, aged 17, in whom the present attack had lasted seven months, had a previous attack eight years ago. Case 23, already referred to, communicated the disease to a brother who slept with her, or, to put it more cautiously, he too contracted the disease.

Cultivation.—It will not be necessary for me to go into the older work which has been done in this connection. M. Sabouraud's work, whether his conclusion be correct or not, holds the field, and on his line I have directed my investigations.

I have used the media which he recommends and have endeavored to carry out his directions accurately.

Of my cases I have noted the presence of a distinct amount of oily seborrhea in over 70 per cent.; in the remainder it was definitely noted as not present.

For various reasons cultures were not made in every case, but these reasons did not involve any selection of cases.

Seventeen out of my first 29 consecutive cases were subjected to a most careful and complete bacteriological examination.

I have been much impressed by the number of tubes which, after inoculation of a hair, remained perfectly sterile. Often made without any special precautions, in many cases there has been absolutely no growth, although we are led to understand by the surgeons that the skin is always teeming with organisms. Examined by a modified Gram's method, practically every case showed the presence of organisms in some of the hairs, and curiously this was also the case in the one of my series in which I am inclined to admit the mysterious nerve influence. The hairs from this case, however, did not give rise to any growth on Sabouraud's medium.

Sometimes they were only present in very small amount, but when numerous they were arranged closely around the neck of the hair. They were most numerous and most typical in a case which was not by any means typical. The patient, a woman of 35, had suffered repeatedly from sudden diffuse falling out of the hair. The scalp was wet with grease, and scattered all over were typical exclamation hairs. Though a contradiction of terms, it seems to me that it might be described as a case of diffuse alopecia areata. She was first under my care two years ago, and I then noted the presence of the organisms on her hairs, and I was fortunately able to lay hands on her again, when I found only a moderate degree of improvement had taken place in her condition.

Briefly to sum up the results of my cultures, I obtained in all the growth which Sabouraud describes as the porcelain one. This varied in amount, sometimes being very vigorous and in others very feeble. I cannot say that the growth bore any definite relation to the severity of the case, though in cases which were nearly well it was usually slight.

There were curiously few impurities in the cultures; the staphylococcus aureus was only once present, the *S. albus* four times, and the *S. citreus cereus* twice.

As the requisite time drew near I anxiously awaited the appearance of Sabouraud's brick red growth, but in only two of my cases did it appear, and I was not able to get sub-cultures of it. One of these was from a seborrheic cocoon; the other a typical case of alopecia areata.

In cultures from seborrheic scales and cocoons the same porcelain growth has almost always occurred, but in only the one mentioned has the brick red growth developed. Control experiments from apparently healthy scalps proved in the great majority of instances sterile and did not show the porcelain growth.

Though I have not succeeded in getting Sabouraud's red growth, all my cases have developed an equally striking one. After a period of 14, 28 or more days, each of them has developed a deep brownish black color, apparently due to the growth of another organism.

I intend to utilize the time still remaining before the Congress to more fully study this phenomenon, which has only come under my notice in the last few days, as my cultures reached the apparently necessary age. Now, I can only say that it appears to fill in Scotland the place which the brick red organism fills in France; that, like it, it is present in growths made from seborrheic scales and from comedones, and that it is not identical with M. Sabouraud's organism. It grows in gelatin at first down the stab as a white growth, and then sudden liquefaction of the whole takes place.

I do not put forward this organism as a claimant for the honor of being the cause of alopecia areata. When I accepted the invitation to share in the opening of this discussion I was led to understand that I was expected fully to exercise any critical faculties which I might possess. I have followed as carefully as I could the directions laid down in the most recent work on the subject, and the results which I have obtained I place before you without comment.

ON DIAGNOSIS AND ETIOLOGY OF BERI-BERI.

BY ALBERT S. ASHMEAD, M.D., NEW YORK.

The following is an editorial which I abstract from the New York *Sun*:

"MELLO'S BERI-BERI."

"The commander of the Brazilian fleet in revolt against Marshal Peixoto is illustrating in his own person an interesting disease. It used to be the scourge of the Japanese navy. Takaki attributed it to an improper dietary, and suggested an improved ration. As a result, instead of one-fourth of the crew being attacked yearly by this disabling disease, it has practically disappeared from the fleet. The example is one of the most striking that exists of the powers of well-directed hygiene. Yet beri-beri is directly due to a specific micrococcus. So it appears that the defective dietary could only have prepared a favorable soil for its reception. It seems to be probable that the micro-organism enters by the organs of respiration, and from them passes into the circulation.

"The disease is specially interesting from the only ascertained means of diagnosis. This is by electricity. Owing to its ravages among the Dutch troops in Sumatra, the Netherlands Government ordered researches to be made into it. The disease is nervous, and its presence is ascertained by electrical reactions. It can thus be detected even when the patient himself feels but slightly indisposed. This initial phase is disclosed by a determination of irritability generally, a quantitative alteration in the electrical reaction. If not resisted, the patient soon finds difficulty in walking. A few weeks after leaving the place where the disease prevails, the micro-organisms are no longer met with in the blood. From these premises it may be inferred that Admiral Mello got ill by neglecting his diet, and that he will ere long be on deck again. Another time he may carry an electrical machine in his cabin, and, by recording his observations, make of his ship's log a contribution to human knowledge."

This superior wisdom on the question of beri-beri is on a par with that of Dr. Caldwell, recently published in his "Rambling Notes," in the *Journal of the American Medical Association*. Dr. Caldwell said that beri-beri *did not exist in Ceylon*. He made this mistake by looking for it in the dry season.

[Beri-beri exists in East Asia only during the rainy season, and disappears when the north monsoon begins to blow.]

As to the *Sun's* remarks, entitled "Mello's Beri-Beri," I shall observe:

1. That electricity is not necessary to determine the *painless-*

ness of beri-beri, the symptom which diagnosticates the disease from *myelitis*; that atrophy, muscular pain (hyperesthesia beneath the anesthetic zones) and edema are absent in tabes. Moreover the presence of atrophy in beri-beri shows that electricity, far from being a reliable means of diagnosis in beri-beri, can really determine nothing, for anesthesia and *paresthesia* (hallucination of sensibility, for instance, the feeling of a constricting band about the epigastrium, and, as if they stood on an inclined plane, in the soles of the feet) belong to many diseases. In no particular do they in beri-beri differ from in other diseases—myelitis, tabes dorsalis, progressive muscular atrophy, etc.

2. If beri-beri is due to a micro-organism, why is not the spleen ever affected—enlarged, for instance, as in malarial fever? And if such micro-organism is *in the blood*, why are children and women immune?

3. If insufficient diet (like Banquo's ghost, this will not down!) is a cause of beri-beri, why are robust people the severest attacked? they always have the asphyxiating form; and why are outdoor laborers in Japan exempt? They are not better fed than other people. Why does the disease attack only those of sedentary habits?

4. Why does the paralysis of beri-beri spare the bladder and rectum?

5. Does not symmetry in the symptoms—for instance, the paresthesia of both sides is always equal—show that beri-beri is not due to a micro-organism?

Schuyler Alumni Prize for 1900.—Dr. Clarkson C. Schuyler, A.M.C., '75, offers a yearly prize of one hundred dollars, to be awarded at the annual meeting of the Alumni Association, for the best essay written by a graduate of the Albany Medical College on some prescribed subject. The subject for next year is: "The Influence of the Discovery of the Relation of Bacteria to Disease on the Practice of Medicine Exclusive of Surgery."

Competing essays, signed by some assumed name or motto, and accompanied by a sealed envelope superscribed in the same manner and containing within the author's real name and address, are to be sent to Dr. Samuel B. Ward, Albany, of the Prize Committee, on or before March 1, 1901.

ARTIFICIAL FOOD.

BY PROF. A. JACOBI, M.D., LL.D., NEW YORK.

The results of the analyses of human milk are contradictory; no two are alike. Alterations in different periods of lactation which are asserted by some are denied by others; those caused by menstruation, sickness, or ingesta are either well understood or dimly appreciated, but rarely measurable. The nature of its proteid, whether uniform or compound, is not sufficiently known. Whether there is an essential quality that is beyond the domain of chemistry is not known. That is why so many and so different iron-clad rules have been established for the selection of substitutes, and why the uncertainty has rendered experimentation with commercial substitutes, by chemists and even by respectable clinicians, so common.

If human milk were a uniform body, the demand for an exactly equivalent substitute would be justified. Nature, however, is more liberal in allowing latitude than a chemist.

Heat both improves and injures milk. When milk is exposed to 68-70° C. ten or fifteen minutes heat destroys the bacterium coli and *b. lactis aerogenes*; after long exposure it kills pathogenous germs; at 80° C. it coagulates albumin and changes the taste and odor of the milk; even at 70° C. it changes casein so as to impair its value for dairy purposes. In boiling a part of the albumin is deposited, the lecithin is destroyed, the fat altered both chemically and physically. Serious changes appear to take place, through long boiling, both in casein and in nuclein. High temperature continued for hours are required to destroy some of the long-lived spores; their injuriousness, however, is not entirely clear.

Boiled, pasteurized or sterilized cow's milk is never woman's milk; it is not a curative agent; it affords, however, the great advantage of destroying fermenting and pathogenous germs; that is why it is indispensable in large cities and during the prevalence of certain epidemics, and wherever fresh and unpolluted milk is not accessible. When employed as exclusive infant food cow's milk, watered or not, is liable to cause constipation, or diarrhea, rickets and scurvy. To preserve its anti-bacteric effect, heat should be followed by immediate and rapid cooling, but not freezing.

Ample dilution of the artificial food of the infant, and partic-

ularly of the newly born, is required because of the heterogeneous composition of cow's milk; even those who are as usual put to an incompetent breast require water to combat loss of weight and the tendency to nephritis and to nephrolithiasis, the former of which is still more frequent than the latter, indeed very frequent. A large amount of liquid does not interfere with the motility of the stomach, and does not cause dilatation—firstly because the normal infant is no glutton, and secondly because absorption begins at once.

Easy and equal digestibility of the casein in woman's and in cow's milk is either asserted or denied by good observers. When cereal decoctions are mixed with cow's milk its casein is claimed and proven to precipitate in fine tufts. On the other hand, cereals are said to have no such effect any more than water. Water, however, is recommended by the same authors as addition to cow's milk. This contradiction is met by those who recommend dextrinized flours for the dilution of cow's milk. The digestibility of a certain amount of amylum, such as is contained in cereals, has been erroneously and persistently denied when it had long been proven both by experience and by experiment to exist.

Cereal decoctions are the proper diluents for the surplus casein of cow's milk.

Milk sugar is partly absorbed in the stomach, partly in the intestine, partly changed into lactic acid. It is required for digestion, and is an antiseptic. Not enough of it, however, can be given to have the latter effect to the same degree that is exerted by flours. Besides, milk peptones disappear with acid fermentation. That is why milk sugar should not be given in large quantities, but other carbohydrates in its stead. Cane sugar should take its place particularly, as for the purposes of digestion there is milk sugar enough in cow's milk that forms part of every artificial food, and because there is a ferment in the intestine of the young which inverts cane sugar and renders it absorbable. Besides, every other carbohydrate has the same power to protect albumin against putrefaction.

Fat is added to cow's milk for the alleged purpose of increasing its nutritive property (by preventing the loss of the fat and albumin of the tissues), and by loosening and separating the minute particles of casein.

It should be remembered, however, that even human milk con-

tains often so much fat as to cause "fat diarrhea;" that the normal infant feces eliminate unchanged fat in goodly quantity; that moreover the fat globules of cow's milk are larger, less numerous, and less absorbable than those of woman's milk; that the two fats are not equal chemically; and that the urine is liable after feeding with cow's milk fat to contain ammonium and the gut toxins.

The mineral constituents of cow's and human milk are different. The addition of chloride of sodium to artificial foods is required both for physiological and chemical reasons.

Homemade artificial foods are preferable to the proprietary foods of the markets for many reasons.

The separation of the component parts of cow's milk by mechanical means and the recomposition of the same is a procedure of doubtful value.

Experience of the physician and of the well directed public at large is equivalent at least to laboratory and library theories based on facts that are *sub judice*.

Department of Ethnology, Pan-American Exposition.
—The following letter explains itself:

July 3, 1900.

Dear Doctor: The Pan-American Exposition has seen fit to entrust the care of the Department of Ethnology and Archæology to a practicing physician. I should be very glad if you would allow me to reach your readers with the following request for assistance:

Many members of the medical profession are interested in the study of American ethnology and archæology, and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the Exposition. Exhibits which represent study in some special line of American ethnology and archæology will be particularly suitable.

Very truly yours,

A. L. BENEDICT, M.D.,
Superintendent of Ethnology and Archæology.

PANCREATIC SURGERY.

BY MR. MAYO ROBSON, OF LEEDS.

Professor Mayo Robson (Leeds) commences his report by stating that he is convinced that pancreatic affections are much more common than is usually thought. He bases his remarks on his personal experience, he having operated on 40 cases of pancreatic disease, and having seen a considerably larger number of cases in which operation was either not consented to or not thought advisable.

Under "anatomical considerations" he dwells on the importance of posterior drainage, where practicable, in acute and in suppurative pancreatitis. For reaching the main pancreatic duct he has found it practicable to incise the second part of the duodenum and lay open the termination duct from the papilla.

Cancer, of which he had seen over fifty cases, the author has found usually to occur after 40, and he believes that the cases occurring earlier in life are in many instances chronic interstitial pancreatitis, which may resemble cancer not only in the symptoms, but in the naked-eye appearance after death. After describing the symptoms, he remarks on the importance of distinguishing between cancer of the head and that of the body and tail of the pancreas; he then discusses the diagnosis, and advises that especially in young subjects, but also at times in older patients, a hopeless prognosis should not hastily be given before surgical treatment has been tried, as if the case turns out to be chronic interstitial pancreatitis a cure may result from treatment.

In describing the treatment, the author thinks that excision of the pancreas for cancer can seldom be feasible or justifiable except in those cases where the disease is limited to the body or tail of the organ, and then only when it is caught in an early stage. Of the 15 cases on which he has operated for the relief of the symptoms of cholecystotomy or cholecystoenterostomy, 9 recovered and lived for some time in greater comfort. The important fact, however, that some of the cases operated on, and thought at the time to be cancer of the head of the pancreas, but which recovered and are now in perfect health, showing the tumors to have been chronic interstitial pancreatitis and not cancer, leads the author to advocate operation in all cases not too far advanced, especially in young or middle-aged patients; not because much good will be done if the case be truly cancer, but

under the hope that the tumor may be inflammatory and not malignant.

Pancreatic Cysts.—The author has operated on five cases of pancreatic cyst, for which as a routine treatment he advocates incision and drainage, which he has performed in four cases, with three recoveries. In one case the cyst was so easily enucleated that it was removed in that way, and the patient made an uninterrupted recovery; but his experience, not only in his own cases, but in others seen under the care of his colleagues, would lead him to believe that excision can only be rarely justifiable. In none of his cases were any pathognomonic symptoms present, and the author thinks that the diagnosis must usually be made from the physical signs.

Pancreatitis.—The author draws a parallel between the inflammatory diseases of the liver, such as infective and suppurative cholangitis and chronic interstitial hepatitis and similar diseases of the pancreas and its duct.

He believes he has seen functional ailments of the pancreas ending in recovery that would come under the heading of infective catarrh of the pancreatic ducts, and he adduces positive evidence of suppurative catarrh of the ducts, as well as of chronic interstitial inflammation of the gland. He believes that as diagnosis becomes more perfected these diseases will be more frequently recognized and awarded their proper place in medicine.

The author assents to the pathological classification proposed by Fitz, of dividing acute pancreatitis into suppurative, hemorrhagic and gangrenous pancreatitis; but for clinical purposes he considers the subject under acute, subacute and chronic pancreatitis.

In discussing the etiology he lays stress on bacterial infection as being the essential and immediate cause, but enumerates a number of extrinsic causes, such as gastro-duodenal catarrh, injury, and pancreatic and biliary lithiasis.

The mode of infection, he believes, is nearly always through the ducts. The author discusses the symptoms, signs and diagnosis, and remarks that, although pancreatitis is a disease without exact pathognomonic signs, the diagnosis can usually be arrived at by a careful study of the history, mode of onset and the combination of symptoms and signs.

A case of acute infective pancreatitis coming under the author's observation is related; also four cases of the suppurative form,

which were operated on after abscess had formed; of two in which the pus was evacuated by an incision in the loin recovery followed; of two opened from the front both died. In both cases leakage of pus had previously occurred into the stomach and had been vomited.

In one case of suppurative pancreatitis, in which the rupture of the abscess occurred into the bowel, the patient was too ill when seen to bear operation, and gradual recovery occurred without surgical treatment.

The treatment of acute infective and frequently that of suppurative pancreatitis practically resolves itself into that of peritonitis commencing in the superior abdominal region; and the author lays stress on the getting rid of inflammatory products by lumbar drainage if practicable, although it may be necessary to make the diagnosis by an anterior incision.

In the acute form he draws a comparison between gangrenous appendicitis and acute infective pancreatitis, and considers surgical treatment just as necessary in one as the other as soon as a probable diagnosis can be arrived at.

If there be great distention in the epigastrium, it will be easier and safer to make the exploratory incision in the left costo-vertebral angle.

Treatment other than operative in order to get rid of distension, relieve pain, fever and other symptoms until a definite diagnosis can be made is also considered.

The details of reaching the abscess when found are also discussed, whether the collection be lumbar, subdiaphragmatic, epigastric or pelvic.

Chronic Interstitial Pancreatitis. — Professor Mayo Robson lays great stress on the importance of this disease, which he believes is often mistaken for cancer of the head of the pancreas, and which he believes has not received much attention either from clinical observers or from pathologists—certainly not as much as it deserves. His experience in this class of cases has resulted from his having operated on a considerable number of cases of jaundice depending on obstruction in the common duct, the obstructive jaundice, wasting, paroxysmal attacks of pain and ague-like seizures having given rise to the suspicion of gallstones, and the absence of relief by medical treatment having rendered surgical treatment necessary.

He argues that its recognition is of vital importance, since it is

a disease not only capable of relief, but of absolute cure, by surgical treatment. The author illustrates his assertion by a brief report of 15 cases on which he has operated, with recovery in 14. In the fatal case, operated on when the patient was almost too ill for recovery, an autopsy showed a simple cirrhosis of the head of the pancreas.

In another case, in which relief was given by cholecyst-enterostomy, but in which there was a recurrence of the trouble owing to closure of the opening, followed by death three months afterwards, an autopsy showed chronic interstitial pancreatitis, and not cancer, as the course of events had led those observing the patient to suppose would be found.

The author believes that chronic interstitial pancreatitis with inflammation in the pancreatic ducts is a regular accompaniment of gall stones in the common duct, and that it frequently continues after the original cause has passed; this observation has been confirmed by Dr. Ferguson of Edinburgh, who says that his almost universal experience in cases where death has resulted from infective or suppurative cholangitis is that beads of pus can be expressed from Wirsung's duct. The cases related illustrate the symptoms and the treatment by cholecystotomy, which at once removes tension and allows the pancreatic duct to empty the organ of its infective products. Doubtless at times the manipulation of the head of the pancreas, which occurs during the operation, may detach calculi and inspissated mucus or pus from the pancreatic duct.

The simulation of malignant disease of the head of the pancreas by chronic interstitial pancreatitis should lead the surgeon to hesitate in declining operation in any case of distended gall-bladder with jaundice where the patient is able to bear it, as, although little good will be done if the disease be malignant, should the disease prove to be inflammatory a real and permanent cure may be brought about. After some remarks on hemorrhagic pancreatitis, which in the author's experience of three cases has always been traumatic and associated with effusion into the lesser peritoneal sac, he discusses the subject of pancreatic calculi, which, both from the paucity of specimens in the museums, from the very few examples found (post mortem), and from the few recorded cases, the author believes must be a rare disease, and usually only recognized by the pancreatitis and the obstruction to the common duct with infective cholangitis to

which the calculi give rise. For their removal, he recommends exploration of the duct through an opening in the second part of the duodenum, of which operation he gives examples.

In conclusion, the author looks forward to the time when pancreatic diseases will be awarded the place they deserve in the diagnostic efforts of the physician, and when the surgeon will be called on much more frequently to treat them at a stage when operation, whether exploratory or curative, may be undertaken with every hope of temporary success or permanent cure.

Popular Superstitions Relative to Menstruation.—Laurent (*Chronique Médicale*) does not entirely disbelieve in certain ideas, popular amongst women in different countries, relating to menstruation. In the sugar refineries in the north of France the female hands are actually kept out of the premises when the sugar is being boiled and also when it is undergoing the process of cooling. The objection to women is that if one or more were menstruating the sugar would be blackened. A similar notion prevails in Cochin China in respect to the preparation of opium. Another doctrine, also common to Europe and Asia, is that the hands of a menstruating woman breaks objects of strength and toughness. Especially is this notion entertained in relation to stringed instruments. A performer on the double bass at a theatre in Paris declared that if his wife touched one cord of the instrument during her "period" it snapped at once. Two young women, excellent violinists, informed Laurent that they never played when menstruating, as the snapping of cords interfered greatly with the performance. One of these ladies admitted that she was extremely nervous and irritable at the period. Several much more credible phenomena have been reported, and clearly came under the head of neuroses. Young girls sometimes acquire an idea that their clothes stick to them at the period. Such a person gets nervous during the catamenia, and trying to pull off a tight glove fails, and then believes that it sticks to her. Since she thinks that the same must be the case with her clothes, she loses the power as well as the will to pull them off. Laurent observed this in two sisters. Their body linen did not stick to the skin through perspiration or any visible cause, but it could not be taken off during a "period" till a servant pushed her hand between it and the skin.—*Indian Lancet*.

THE PARASITIC ORIGIN OF ECZEMA.

BY JAMES GALLOWAY, M.D., LONDON.

A consideration of the parasitic origin of eczema with the knowledge at our disposal at the present time, resolves itself into:

1. The study of the bacteriology of the lesions of the disease, and,
2. The careful weighing of the evidence so obtained.

The importance of the recognition and study of the organisms existing on the skin was emphasized when the antiseptic method in surgery rendered a careful cleansing of the skin necessary. As a consequence the bacterial flora of the skin was more carefully investigated than heretofore. Many observations, and amongst others those of Professor Welch, of Baltimore, established the existence in the skin under normal conditions of staphylococci of low degrees of virulence which seemed incapable of doing harm on an uninjured surface.

To Dr. Unna of Hamburg, however, is due much of the credit of stimulating the study of the flora of the skin in regard to its pathologic bearings, and as part of his work he published observations in 1892 which claimed for a certain staphylococcus, which from its method of growth he named the morococcus, a specific rôle in the causation of eczema. By this time also Dr. Unna had elaborated and proclaimed his conception of eczema seborrhoicum, and by so doing had once more earned the gratitude of dermatologists by bringing about a more critical investigation of the morbid phenomena occurring in all processes resembling eczema. But the bacteriologic evidence given by Unna has neither been complete nor convincing, and acceptance of the morococcus as the specific cause of eczema has not been possible. One result of the widely extended use of the word eczema, on the hypothesis of Unna, has been to make it necessary for observers to be careful in the definition of the lesions which they propose to study and describe; and almost every article dealing with the subject at the present time commences by a definition of the condition with which the author is concerned.

Recognizing the difficulties attending the general consideration of the micro-organisms in eczema, the writer has concerned himself for the purpose of the present discussion with the consideration of one type of eczema only, and has chosen that

usually described as acute papulo-vesicular eczema as the condition, a study of which should produce the most satisfactory results.

Four cases have been chosen, amongst those investigated, for critical study. The patients varied in age from 21 months to 65 years, but each of them presented acute papulo-vesicular eczema in an early stage. The earliest lesions were chosen for purposes of examination so as to avoid contaminating influences so far as possible, and precautions were taken to obtain the cultures of the parasites already existing within the lesions, and not from external sources. With the precautions taken it was remarkable how pure were the growths obtained.

From case I. as the result of two separate inoculations a white coccus was grown.

In case II. a white coccus was found; and in addition the torula alba and penicillium glaucum appeared.

From case III. a white coccus was isolated; and in addition the staphylococcus aureus.

From case IV. a pure cultivation of the white coccus was obtained.

The coccus producing white cultures is the organism which has been especially investigated. It was found that these four strains of white cocci fell into two groups, and the following bacteriologic characters are noted to allow of identification:

Staphylococcus A. (Isolated from case I.)—Broth. Uniformly turbid. Agar. Growth covers surface. Milk. Becomes acid; no coagulation in four days; coagulation in eight. Potato. Whitish growth on surface; later brownish discoloration of medium. Gelatin. Rapid liquefaction in funnel shape to the apex of the inoculation stab; the liquefied gelatin, opaque and turbid. Microscopic character. Typical staphylococcus.

Staphylococcus B. (Isolated from case IV.)—Broth. Uniformly turbid. Agar. Growth covers surface; thicker or more opaque than A. Milk. Acid though less markedly than A. No coagulation in four days; coagulation in eight days. Potato. Whitish growth on surface; no discoloration. Gelatin. Slight liquefaction; does not run to apex of stab; liquefied gelatine very slightly granular. Microscopic character. Tends to produce diplococci.

Staphylococcus C (from case III.) closely resembled A.,

Staphylococcus D (from case II.) closely resembled B.

It will be noted that these staphylococci resembled each other closely, and there can be no little doubt that they are both examples of what would be readily recognized in the laboratory as the staphylococcus pyogenes albus. There are certain differences, however, especially in regard to liquefaction and the tendency to grow in masses or in smaller groups, and it was decided to watch the effect of environment upon these staphylococci, so as to ascertain if these features were constant or not.

The effect of the absence of oxygen.—It was first ascertained that staphylococcus A liquefied 10 per cent. gelatin completely, falling as a white precipitate to the bottom of the tube in 28 days, whereas staphylococcus B liquefied about half the quantity only.

Both cocci were then cultivated in Buchner's tubes in a glucose formate broth. Passages were made through 16 tubes, each culture being of two days' duration; then the cocci were inoculated in gelatin.

It was found that staphylococcus A was reduced to the level of B in its power of liquefying gelatin and liquefied about half the tube in 28 days. It had also assumed a tendency to produce a diplococcus form. Staphylococcus B seemed to be unaffected and had not lost any of its liquefying power.

It was now determined to investigate the pathogenic value of these staphylococci after they had been cultivated in the manner indicated.

Staphylococcus A: Was inoculated by subcutaneous injection in the abdomen of mouse A, on the 12th of June, 1900. On the 19th of June a small abscess formed at the point of inoculation; death occurred on the 25th of June, and the staphylococcus was recovered from the spleen in pure culture.

Staphylococcus B: Was inoculated in the same manner on mouse B on the 12th of June, 1900; extensive edema was noted on the 19th of June, 1900, but there was no breaking down of the skin; death occurred on the 26th of June. The staphylococcus was recovered from the spleen in this case also.

Staphylococcus C: Was inoculated on mouse C, producing almost exactly similar results as in the case of mouse A.

It will be noted that these staphylococci had preserved their pathogenic qualities, though the degree of virulence was not great.

The result of such observations tends to show that an attempt to establish specific differences between these cocci is not warranted.

The differences observed in strains of cocci producing white cultures derived in the manner described in the first place must be admitted as slight, and are accounted for, there is little reason to doubt, by differences in environment. The distinctive characters ascribed to the morococcus are not of sufficient moment to separate it from the series known as the staphylococcus pyogenes albus, examples of which, as already indicated by Welch, vary greatly in virulence in a manner similar to the well known variations in virulence of the streptococcus pyogenes.

An attempt to impress specific distinctions on the cocci found in the skin by their characters as observed in histologic preparations is most likely to lead to fallacious results.

The conclusions which seem to be indicated by the considerations above outlined are:

1. Cocci producing white cultures are present in early and uncomplicated lesions of papulo-vesicular eczema, but these cocci though varying in minute particulars in different strains are not sufficiently differentiated to distinguish them from the staphylococcus pyogenes albus. The morococcus described by Dr. Unna falls into this category. The descriptions given by him are not sufficient to distinguish it as a separate species. There is still less evidence to consider this organism as the specific organism causing eczema.

In later stages of eczema other organisms make their appearance so that the coccus yielding white cultures may even be crowded out of existence. The most important of these organisms is no doubt the staphylococcus pyogenes aureus.

2. It appears that in the production of eczema more than one factor is at work, though the presence of such organisms as those mentioned, which are well known to have pyogenic powers, must be an important factor in every case. These organisms do not grow in such enormous numbers on injured surfaces without producing some result. From our knowledge of their effects in other situations the result must be noxious. The local infectivity and chronicity of eczema are probably mainly due to the presence of the organisms mentioned.

3. Other factors, however, are probably concerned in the pro-

duction of any attack of eczema, and of these two appear to be of much importance:

First, the predisposition of the skin, usually associated with the seborrhoic state, to the free growth of many varieties of vegetable parasites. This is probably the most effective of all the conditions of susceptibility or of lowered resistance in the causation of eczema:

Second, the clinical evidence seems to be conclusive that certain conditions of imperfect metabolism predispose to the onset of eczema or at any rate to its recurrence, and of these the most common are those associated with improper digestion and assimilation of food.

Hatpins in the Male Urethra.—Dr. H. B. Sheffield writes in the *New York Medical Journal*: In response to your editorial comment of the 19th inst., p. 779, regarding "the purpose of introducing hatpins into the urethra," I beg leave to state that in a case reported by me in the *Philadelphia Medical Journal* of May 6, 1899, the patient in question, having had gonorrhea with consecutive stricture, had been in the habit of introducing a hatpin, head foremost, into his urethra whenever urination became difficult. He had been doing this for nearly ten years when, finally, after a night of intoxication, the pin slipped from his tremulous fingers into the bladder.

The pin point could be felt right under the skin at about a quarter of an inch from the junction of the scrotum and penis. I extracted the pin through an external incision, which healed rapidly without further trouble.

The pin was seven inches and a half in length, its head about three-eighths of an inch in diameter. It was quite black and rusty, especially at the insertion of the shaft into its head.

No septic infection followed, although no precautions were taken to prevent it, thus tending to show that the bladder is well capable of taking care of itself if not interfered with by the physician.

REMOTE RESULTS OF SANGUINARY INTERVENTION IN URETHROSTENOSIS.

BY REGINALD HARRISON,

Fellow and Hunterian Professor of Surgery (1891), Royal College of Surgeons
of England.

The conclusions arrived at from the examination of structural lesions (sanguinary interventions) as detailed by the author in his report are resumed up as follows:

1. That there is evidence to show that in peri-urethral strictures of the deep urethra the effects of divulsion as practiced in Perreve's and Holt's operations may be limited to rupturing the dense stricture bands in the submucosa of the urethra, whilst the mucous membrane itself may escape any serious injury or laceration, and is merely restored by stretching to its original dimensions. Here a permanent cure may result.

On the other hand, where the mucous membrane is in itself the seat of stricture and forms part of the latter structurally, it is necessarily much torn or lacerated by the process of a sudden divulsion, and the pathological condition consequently becomes assimilated with that of traumatism of the urethra from external violence accidentally applied, which are followed by strictures of the most contractile and recurrent form.

2. That there is evidence to indicate that where the entire thickness of a stricture can be included within an incision of moderate dimensions made by an internal urethrotomy, the normal calibre of the urethra may be completely and permanently restored. Where this happens, it may be concluded that all the fibres of contraction constituting the stricture were divided at the time of operation. And, further, that the converse is equally true. There is also evidence to show that the absence of recurrence, under such circumstances, is not necessarily dependent on the use of a bougie, though the latter is a precautionary measure which should invariably be advised.

3. That, in the case of multiple strictures, or strictures of the deep urethra of considerable dimensions either in their length or thickness, treated by an internal incision of corresponding proportions, apart from other considerations, the tendency to reconstruction and recurrence with an additional amount of cicatricial material is frequent, the latter being probably due to the circumstances under which healing takes place in wounds of these dimensions so situated.

4. That lesions of the urethra demonstrate in various ways the poisonous effects that unprotected and confined urine is capable of exercising, both on the body generally and on the tissues in constant contact with it, and that the liability to such effects is greatly diminished where drainage renders these conditions of the urine impossible.

5. That in the case of recurring strictures previously treated by incision, and in primary strictures of such length or extent as to require an internal section of a corresponding size, or as to which there might be doubt as to whether it would be safely possible so to include them, that for the purpose of the operation and its results such wounds should be made with due regard to other surgical principles than the one pertaining to the division of the contraction.

6. That there is direct evidence to show that the tendency to recontraction and recurrence of stricture after internal urethrotomy is largely diminished by the concurrent employment of systematic and thoroughly efficient urine-drainage, such as the combination of external urethrotomy or perineal puncture affords.

Marine Hospital Service and the Plague.—In accordance with the recommendations made by Surgeon-General Wyman, November, 1899, medical officers of the Marine Hospital service were sent as advance guards to meet the plague, and if possible prevent its reaching our shores, to the offices of the United States Consuls at Glasgow, Liverpool, London, Southampton, Queenstown, Hamburg, Bremen, Rotterdam, Antwerp, Havre, Marseilles, Naples, and Genoa. The services of these officers in foreign ports have been valuable, but the emergency has not been sufficient to warrant the expense of maintaining all of them abroad. It is, therefore, proposed to withdraw them from the offices of the United States Consuls at the several ports, excepting Naples, but, for the purpose of observation and of maintaining a skeleton organization, to assign four of the officers now serving in Europe to Berlin, London, Paris, and Vienna.

CORRESPONDENCE.

THE CIVILIZATION OF BENIGHTED GERMANY.

SIR.—I have had a conversation with a gentleman, a Frenchman, who has an exceedingly retentive memory, and he remembers a passage of a drama which he thinks was very much applauded and loved by the French people under the reign of Charles the Tenth. I do not know a great deal about French, but I can say that I know a little of it. He gave me the following lines:

“ Français, soyez témoins de nos derniers moments,
 “ Nous sommes innocents, nous mourrons innocents !
 “ L’arrêt qui nous condamne est un arrêt injuste.
 “ Mais il est dans le ciel en tribunal auguste.
 “ Que le faible opprimé jamais n’emploie en vain.
 “ Et j’ose t’y citer, O pontife romain.
 “ Encore quarante sours je t’y vois comparaître !
 “ Chacun avec horreur écoutait le grand maître,
 “ Mais quel étonnement. quel trouble, quel effroi,
 “ Quand il dit ! O Phillipe. O mon maître, O mon roi,
 “ Je te pardonne en vain, ta vie est condamnée,
 “ Au tribunal de Dieu, je t’attends dans l’année.”

I do not know who is the author of the play in which this passage is found. As far as my friend remembers, the title is *Les Templiers*, and he thinks that it had a great deal of success under Charles the Tenth. Among our Sir Knights there must be a number of Frenchmen who perhaps might give the information which I want.

The Order of the Knights of the Temple has done useful work during centuries; and although we are perhaps not blood descendants of the old fellows who stood so proudly against the Turks to defend the integrity and holiness of the grave of Christ, yet we may consider ourselves as adopted sons, as the Emperor Augustus was of Julius Cæsar.

We Templars, that is our fathers, have helped to introduce into Europe probably nine-tenths of the civilization which it has now, after the crusades, being the founders of *Altæ Moenia Romæ*. It is quite true that we imported also the bad elements. That is a law of nature, we cannot help that. We brought in from the East small-pox, measles, scarlet fever, syphilis, and perhaps some leprosy. Considering all the good our forefathers, and especially our own forefathers, the Templars have brought to Europe from those foreign parts, we cannot so much deplore the introduction of these miseries. For after all, the renaissance, the reformation of Germany, and all freedom and independence of

thought, and extent of thought, date from that of time. And has not Christianity been accompanied, in spite of all its blessings, by many evil things over which its enemies are pleased to gloat this day! It is a pleasant thing to occupy the mind of a Templar, that those whom he considers as his ancestors must have had very much to do with the great revolution which separated our benighted *German* civilization or *uncivilization* from a time of general love of peace and good will between man and man.

New York.

ALBERT S. ASHMEAD, M.D.

**"ENGLISH AS SHE IS SPOKE" BY THE SCHOLARLY
EDITOR OF "LEPRA."**

NEW YORK, August 17, 1900.

DEAR DR. OHMANN-DUMESNIL.—I enclose an article just published in the International Leprosy Journal of Copenhagen, Denmark. (*Lepra*, Bibliotheca Internationalis, Vol. I, Fasc. 3, page 147-148). The title is: *The Leprosy Question in Finland*. You will see that it is written in execrable English. Kindly republish it as a *curiosity* in your journal, but spare from devastation by your American blue pencil all the beauties of its English expression. Please preserve it in all its pristine glory. Caramba! My little brown friend of the Sei-I-Kwai, *in far off Japan*, must look to his laurels as champion English editor.

In nomine omnium deorum et dearum, M. Traveler from Iceland to the Balkans, Spain, and Crete, why did you not write in *Copenhagen French*, which as you told me in *Janus* is endorsed by your "colleagues of the Hospital Saint Louis in Paris." For Heaven's sake, do not be led away by fallacious seductions and be faithless to your mother-tongue that has fed you on her bosom with the milk of editorial knowledge and virtue, you unnatural child. Rather mixed metaphor, but good enough, I am sure, for this European editor.

ALBERT S. ASHMEAD, M.D.

(From *Lepra*: "The Leprosy Question in Finland." Edited by Dr. Edw. Ehlers de Copenhagen.)

"According to special laws in Finland, no persons infected with incurable diseases, and consequently no lepers, are admitted into the public hospitals. By exception have such patients however been received at the division for syphilis and diseases of the skin of the clinic of the University at Helsingfors, where they could serve to the instruction for the young physicians. They were however not placed among the other patients, but in an

apartment originally arranged for isolation of cases of infectious diseases from all divisions of the clinic. When it now happened that of the 12 places of the isolation apartment 11 were occupied by lepers, the manager of the clinic for syphilis Dr. C. Lundström mentioned the 17 March 1899 to the medical administration of Finland that inconvenient state at the same time proposing that by the care of the medical administration an establishment for isolation and *tendance* of the lepers should be instituted in Finland as it exists in many other countries.

"In regard to that the medical administration of Finland the 12 of May 1899 proposed to the Senate for Finland that a temporary asylum for 20 lepers immediately should be arranged at Helsingfors till a permanent asylum for 30 lepers could be built and established at any suitable country place and also proposing that a general statute concerning the isolation and *tendance* of the lepers in public asylums may be published.

"At the Congress of Finska Läkaresällskapet (the Society of Physicians of Finland) last September 21-23 at Helsingfors the leprosy question was discussed based on memories of Dr. C. Lundström and Dr. L. W. Fagerlund. The Congress fixed on Following points:

1. The leprosy is caused by the bacillus lepræ.
2. The leprosy is not a hereditary disease though a certain hereditarily disposition for it perhaps may be possible.
3. The leprosy is an infectious disease, why we have in isolation the best means of preventing the spread of it.
4. As leprosy unto this time have seemed to be incurable is the isolation of the lepers in special asylums the most applicable, by which manner always and now latest at Norway excellent results are attained and which mean regarding to the situations, in which the most lepers in Finland live were highly desirable as for the sticks as for the sound population. (Is that so?—Ashmead.)
5. A physician and an architect should as soon as possible be sent for Norway and the Baltic provinces to take notice of the lepra asylums in those countries, in order then to give to the government of Finland a proposal how a lepra asylum for Finland most suitable could be established.
6. The patients of the lepra asylums are to be sustained merely by the State. The entrance in the asylum should be voluntary; only such lepers which would be an evident danger for their fellow people should by law be forced to enter in the asylum."

ST. LOUIS

Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
Editor and Proprietor.
No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

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| VOL: LXXIX. | SEPTEMBER, 1900. | No. 3. Whole No. 717. |
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EDITORIAL.

THE THIRTEENTH INTERNATIONAL MEDICAL CONGRESS.

This last Congress has been pronounced an unqualified success by all those who attended it. The character of the papers presented and the discussions elicited have been both noteworthy and in the highest degree interesting. In order to give our readers a just appreciation of the quality of work done, we devote the main part of the JOURNAL to authors' abstracts of their papers. We have purposely chosen the communications of American and English physicians and surgeons, as they are perhaps nearer to us than the continental gentlemen who participated. One drawback from which the Congress suffered was the intense heat which prevailed during its sessions, and yet, when compared to that in this country, it was not so unbearable.

ABSTRACTS OF PAPERS READ BEFORE THE THIRTEENTH INTERNATIONAL MEDICAL CONGRESS AT PARIS.

TREATMENT OF POTT'S DISEASE AFTER THE DEFORMITY HAS BEEN DEVELOPED.

BY M. BRADFORD, M.D., OF NEW YORK.

The treatment of Pott's disease consists of such general measures as will promote normal metabolism and repair, and of measures to further the cicatrization of the bony tissues involved in the tubercular process by the protection of the affected parts from injurious pressure or jar.

If a deformity has been established, its treatment presents for consideration:

- 1st. Methods of correction of the existing curve.
- 2nd. The arrest of any further development of the curve.
- 3rd. The diminution of the progressive increase of the curve.

The measures to be employed necessarily vary according to the pathological conditions as well as to the portion of the spinal column affected.

Correction Methods.—The method of corrective treatment for the deformity depends upon the pathological condition of the diseased portion. Where the process is acute, correction is easy; where it has existed a long time and cicatrizing osteitis has been established, much force is needed. Where bony ankylosis has taken place, section or fracture of bone is necessary for correction.

The best method of applying correcting force will naturally be that which causes the least waste of force and the least injury to the tissues. Traction under some conditions exerts force unnecessarily upon the secondary curves. In the cervical region traction is efficient. In the mid-dorsal region traction separates the diseased vertebræ, but force applied antero-posteriorly is equally and sometimes more efficient and exerts less strain on the unaffected parts.

Corrective treatment, however, depends for its efficacy upon subsequently retaining the spine in proper position. This is necessary for a long period. The amount of correction to be aimed at depends also upon the amount of possible repair.

The dangers of forcible correction, though not great if judgment is used, are not to be overlooked. On the other hand, cor-

rection with relief of pressure on the cord is often found beneficial when paraplegia is present.

In cases where much force is needed (fracturing bone previously affected by tubercular osteitis) corrective methods demanding the use of considerable force are not to be recommended. Osteotomy of the kyphos is not advisable.

Arrest of Development of the Curve.—In certain portions of the spinal column, and in certain pathological conditions, it is inadvisable to attempt the correction of the deformity. Where the deformity is not great, even in growing children, the curve can be held in check by a proper retention apparatus thoroughly employed.

Plaster jackets applied to the patient in a straightened position (without an anesthetic), or steel appliances adjusted to secure a like position, carefully and constantly employed during the period of most rapid growth, form a proper method of treatment and offer promise of success in checking an increase of the curve or even in diminishing it.

Diminution of Increase of the Curve.—Where, with a complete cure, osseous ankylosis has become established, or where a marked cervical or high dorsal curve has developed, it is undesirable to attempt correction. An arrest of the increase of the curve is sometimes difficult in the faulty growth of a distorted though not actively diseased spine, or from the mechanical difficulty in securing requisite spinal fixation for a long period.

In these cases treatment results in a diminution of the increase of the curve as the patient grows. This increase is often due to the development of compensatory curves, secondary to the kyphosis but not directly occasioned by the tubercular process, and can be diminished by mechanical treatment.

CONSERVATIVE OPERATIONS IN RENAL RETENTION.

BY CHRISTIAN FENGER, M.D., OF CHICAGO.

Remittent or beginning retention (and all retention is in its early stages, as a rule, remittent) is a condition in which we should always consider the possibility of saving kidney tissue by re-establishment of the free passage of the urine.

The obstruction may be located in the calyces, in a branch of the ureter, in the bottom of the pelvis or origin of the ureter, or in the ureter.

Obstruction in the first two locations causes a local or partial cystonephrosis, and demands for the relief of the condition bisection of the kidney from its convex surface and division of the partition walls.

Stenosis at the exit of the ureter (valve-formation, oblique implantation from unilateral dilatation) requires operations which vary in accordance with the absence or presence of stricture at the upper end of the ureter.

If there is no stricture at the upper end of the ureter, the valve-formation may be overcome by a transpelvic operation (Fenger, Mynter, Trendelenberg, Küster), or by extra-pelvic operation, which I prefer.

If there is a stricture of the ureter at its exit from the pelvis, as may be expected in infected cases, we may resort to extra-pelvic, plastic operation (Fenger); to resection of the strictured end of the ureter, implantation of its upper divided end into the pelvis (Küster).

If the stenosis or obstruction is located in the ureter, it must be dealt with according to the laws laid down for surgery of the ureter, namely: resection and reimplantation, or my plastic operation.

Are the results of these, so to speak, tentative, conservative operations permanent, or does relapse eventually occur?

In five of my cases no relapse occurred:

1. Valve-formation, transpelvic operation; no relapse six years later.

2. Stricture, upper end of ureter, extra-pelvic operation; no relapse six years later.

3. Valve-formation of lower branch of ureter, extra-pelvic operation, bisection of kidney, division of partition walls; no relapse after three years.

4. Excision of valve in ureter by my plastic operation; no relapse after three years.

5. Stone in upper end of ureter removed by me. One year later, plastic operation on ureter by another surgeon. Six months later, complete occlusion of ureter at site of second operation; my plastic operation; no relapse after one year.

In two cases relapse occurred:

1. Valve-formation without stricture, intra-pelvic operation, relapse of stenosis, occlusion of pelvic orifice; nephrectomy one year later.

2. Patient operated on by another surgeon, later on by myself; operation was incomplete, failed, and nephrectomy was finally necessary.

THE PATHOGENY OF GOUT.

BY SIR DYCE DUCKWORTH, M.D., LL.D.,

Physician and Lecturer on Medicine, St. Bartholomew's Hospital, London; Honorary Physician to H. R. H. the Prince of Wales.

1. That gout as a morbid condition depends on an inherent vice of nutrition, which is manifested by an imperfect metabolism in various organs or parts of the body, presumably in the kidneys, and probably in the liver.

2. That this trophic disorder or inadequacy (*ralentissement de nutrition*) leads to the formation of uric acid, probably in excess, and to the periodic retention of it in the blood (*gouty urichemia*).

3. That histology throws no light upon the intimate nature of this defect which thus relates to cellular potentiality, possibly under neuro-trophic influence, and not, so far as we know, to structural alteration.

4. That this textural disability, or a tendency to it, may be primarily acquired, and also transmitted as a fault, thereby inducing from time to time urichemia with gouty manifestations in the descendants.

5. That in most instances, under conditions which provoke it, and in some cases independently of these, attacks of gout may grow up and come to a crisis. Such crises are attended by an alteration in the solubility of the uratic salt in the blood, whereby irritating crystals of bi-urate of sodium are produced, and precipitated in various parts of the body.

6. That a paroxysm of gout, the sites of its occurrence, and its metastases, are determined by nervous influences, probably dominated from the bulbar centre, and that the local attacks alight either in the joints, or in textures which have been weakened or rendered vulnerable by impaired nutrition, owing to past injury or over-use.

7. That this central neurosis is an essential and transmissible feature in the pathogeny of gout, and pertains to the arthritic diathesis generally.

8. That the urichemia of gout is peculiar and unlike that which is induced by other morbid conditions, but that the occurrence of urichemia in the gouty is by itself inadequate to induce attacks of gout.

9. That uratic deposits in any part of the body may be removed in course of time, but are apt to be permanent in the least vascular tissues.

10. That uratic deposits may occur to an enormous extent in gouty persons without the occurrence of any pain or paroxysm.

11. That the clinical features of gout indicate that both *hemic* changes (due to inherent morbid tissue metabolism) and a *neurotrophic disturbance* act as pathogenic factors, and that, consequently, gout is to be regarded as neuro-humoral malady.

THE TREATMENT OF PURULENT ETHMOIDITIS.

BY F. H. BOSWORTH, M.D., OF NEW YORK CITY.

In purulent ethmoiditis the essential condition is one of imprisoned pus. Each of the tuberculæ involved constitutes, as it were, a small abscess. There is but little tendency to a spontaneous cure. The prominent, and practically the only, indication is to open each and every cell, and to release the imprisoned pus accumulation. If this be true, the important consideration is as to the best method of accomplishing this end. We may use the gouge, forceps, snare, curette, scissors, burr, spoon or other devices. In my own experience, the end is best accomplished by first uncapping the ethmoid cells by the use of the wire snare ecraseur, and then breaking down the trabecular walls by means of the burr.

CAUSES OF GENERALIZED INFECTIONS BY THE GONOCOCCUS.

BY A. H. WARD, F.R.C.S., ENGLAND.

Surgeon to the London Lock Hospital.

The generalization of the gonorrheal infection cannot logically be separated from the local focus whence it originates. There is a continuous interaction, and the persistence of the local disease aggravates the general condition. The whole process of the struggle for life between the microbe and the human organism has to be studied, and from the facts thus collected a plan of action for prevention and cure deduced. Whether the diplococcus of Neisser and its toxin is the sole cause of the local and general disease, or whether this infection merely paves the way for other organisms, is still an open question. The fact remains that gonorrhea and its associated pathological states are due to the presence of microbes and their toxic products. The particular

microbes, their names and staining reactions, are questions for the final decision of the bacteriologist and laboratory expert. The reporter has no personal excursions into these special realms to bring forward, but will endeavor to synthesize the observations of many specialists, in the light of clinical experience, and so built up a coherent conception of the life history of the infection in relation to man.

The Struggle of Life between the Microbes and the Body.—The thesis advanced is as follows: The gonococcus in its process of growth in the body produces an irritating toxin, which is the direct cause of all symptoms, both local and general. In every case the toxin is absorbed into the system, where it causes systemic degenerations of varying degrees of severity. Gonorrhea is thus a general toxemic affection, but the microbes which form the toxin are generally localized in, or around, a mucous tract. The infection may spread by continuity, to the ducts and organs which communicate with the tract affected, or it may penetrate to the interior of the body, either by direct extension, or by a process of growth through the mucous membrane affected. Thence the invasion reaches the cellular tissues, the lymphatics and glands, and vascular system. This invasion is rendered possible, by the paralyzing effect of the toxin absorbed upon the leucocytes, which in susceptible individuals hinders the process of phagocytosis. Having reached the circulation, the microbes are conveyed to the heart, or to terminal capillary circulations in serous and synovial membranes, or to the slender vessels in tendons and fibrous structures. In these situations they become stranded, and develop, forming more toxin, which sets up local inflammations. The invasion of the organism is favored by all too-energetic measures, directed to the local infection, since these depress the local powers of resistance; and by abraiding or lacerating the mucous surface, may directly open doors to the invaders. General treatment should be directed to the general toxemia when present alone, or to the toxemia complicated by metastases. Local treatment is always required, and should be free from instrumental, mechanical, or chemical violence.

The Toxin of the Gonococcus and its Absorption.—The demonstration of its existence and properties. Its absorption the cause of the malaise, temperature and anemia, seen in all severe cases. The local discharge is the osmotic and chemotactic, equi-

valent of the toxin absorbed. Grave general toxemic degenerations occur in exceptional cases. Cachexia, nervous affections, optic neuritis, erythematous, hemorrhagic and hyperkeratitic skin diseases are the signs of such degenerative processes. The distinction between these general toxic effects and the local inflammations caused by metastases.

The Invasion of the Tissues by the Gonococcus.—This invasion only possible when the leucocytes are inhibited by the toxin absorbed from the primary focus. The action of local antiseptic measures.

The Action of the Toxin on the Leucocytes.—Drobný's researches. Heiman's case. Brewer's views on the invasion of the lymphatic system.

The Gonococcus in the Blood.—Demonstration by Panichi, by the cultivation method. The invasion in the joints generally sparse, and followed by chronic inflammations. Cardiac disease.

The Local Effects of the Toxin Developed in Metastases.—Reinforced by the toxin absorbed from the primary focus. The destruction of this focus necessary in all cases.

Prevention and Cure.—General toxemia attacked by measures directed to the elimination, or attenuation of the toxin. Metastases attacked by germicides. The dangers of local violence. A case in point. The reporter's experience of generalization. 12 in 2000 cases, or 0.6 per 100. Neisser's words re-echoed: "It is surely beyond a doubt that the frequency of complications depends on the method of treatment."

SYPHILIS AND ASSOCIATED INFECTION.

BY L. DUNCAN-BULKLEY, M.D., NEW YORK.

The modification of syphilis by various coincident or subsequent infections of different kinds has been reported by a number of observers. The material at hand is not sufficiently abundant to afford the data for a fully satisfactory classification of the phenomena occurring, but provisionally the subject may be considered under the following heads:

I. Double, coincident, primary infection: (a) syphilis with a local disease; syphilis and chancroid; syphilis and microbic infection; (b) syphilis with a general disease; syphilis and vaccinia; syphilis and variola; syphilis and erysipelas; syphilis and measles; syphilis and tuberculosis; syphilis and lepra; syphilis and malaria; syphilis and typhoid fever; syphilis and sepsis.

II. Double, subsequent infection: (a) syphilis antedating; syphilis and above diseases; syphilis and seborrhoic eczema; syphilis and psoriasis; syphilis and lupus; syphilis and epithelioma; (b) syphilis post-dating, same diseases.

We have to consider the effect of the two infections, which may (a) retard, (b) accelerate, (c) modify the normal course of either disease.

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF DIGITALIS AND OF ITS ACTIVE PRINCIPLES.

BY SIR LAUDER BRUNTON, M.D., D.SC., LL.D. EDIN., LL.D. HON. ABERD.,
F.R.C.S., F.R.C.P.

1. The physiological action of digitalis is exerted chiefly (a) on the heart; (b) on the blood vessels; (c) on the secretion of urine.

2. Its action on the heart is that it (a) slows the cardiac beats chiefly by stimulation of the roots of the vagus in mammals; (b) increases the force of systole; and (c) increases the extent of expansion in diastole. Both b and c are due to an action on the cardiac muscle.

3. It contracts the peripheral vessels, and thus slows the current of blood through them.

4. By its combined action of contracting the peripheral vessels and of increasing the power of the heart it raises the blood pressure.

5. The diuresis which digitalis produces is chiefly due to increase of blood pressure.

6. Digitalis contracts the arterioles in the kidney sooner than those in other parts of the body. The renal vessels may contract so much as to arrest the secretion of urine altogether, although the general blood pressure is high.

7. When blood pressure is already high, digitalis cannot be expected to have a powerful diuretic action. But if the blood pressure be low, either from natural constitution or disease, digitalis will have a diuretic action.

8. Digitalis is a local anesthetic, but also produces pain. It therefore belongs to the class termed by Liebreich "anesthetica dolorosa."

9. In large or in accumulated doses it gives rise to gastric irritation.

10. The action of digitalis is due to digitalin, digitaleine and

digitoxin. These principles all have an action similar in kind, but differing in degree.

11. The therapeutic action of digitalis and of its active principles are that they (a) regulate the heart's action; (b) assist a failing circulation; and (c) act as diuretics.

12. The regulating action of digitalis is useful in palpitation and functional disturbances of rhythm.

13. The most important use of digitalis and of its active principles is in the treatment of mitral incompetence, due either to disease of the valves or dilatation of the ventricle.

14. In cases of aortic regurgitation, digitalis is (a) unnecessary and not without danger when compensation is complete; (b) very useful when compensation fails.

15. When blood pressure is already high, digitalis may be injurious, by increasing it still farther, and thus causing symptoms of angina pectoris or tending to produce apoplexy.

LESIONS PRODUCED ON MAN BY THE PROJECTILES OF REDUCED CALIBER.

BY M. L. A. LAGARDE, U.S.A.

The paper in question will be divided into four parts, as follows:

1. Will refer to the early history of reduced caliber rifles, the experimental evidence upon animate and inanimate objects by the surgeons of the different governments while contemplating a change of armaments, and the general conclusions based thereon.

2. The results of gunshot wounds by the projectile of the 7 mm. Mauser rifle, as noted in the Santiago campaign, and from such data as the office of the Surgeon-General of the United States Army may be able to furnish at the latest date from the Philippines. The stopping power, explosive effects, bone lesions—especially those pertaining to joints—and the injuries to the viscera, will be especially dealt with.

3. The treatment of gunshot wounds on the field in accordance with the requirements of the lesions by the new bullet, and the rôle which antisepsis plays in the general results.

4. The value of the X-ray in the diagnosis of recent and remote conditions, illustrated by a number of skiographs of lesions in different parts of the body.

ARTIFICIAL RESPIRATION IN NEWBORN CHILDREN.

BY CHAMPNEYS, LONDON.

Definition of "Still-Birth."—The two stages of asphyxia, (a) "apoplectic" or livid, (b) "syncopal" or pale; their mutual relations; the worst cases common when the head comes last, therefore not due to pressure on the head.

Asphyxia, an exaggeration of physiological "air-hunger," or "necessity for breathing"; its mode of production; premature inspiratory efforts, their causes and consequences.

Survival of apparently dead children; remarkable instances.

Prognosis in cases of still-birth; its importance; certainty of death.

Diagnosis of the stage of asphyxia; its importance; practically all serious cases "pale."

Uselessness of reflex stimulation in "pale cases;" state of the pupils; widely dilated in profound asphyxia; contract on re-establishment of respiration, but not of circulation.

Modes of breathing: Spasmodic, regular or mixed; prognosis of each.

Question of bleeding from the umbilical cord as a therapeutical method; question of early or late ligation of the cord; fallacious appearance of "livid" children.

Objects of artificial respiration:

1. Removal of foreign bodies from the air-passages.
2. Procuring the patency of the air-passages.
3. Excitation of the circulation.
4. Ventilation of the lungs; (a) removal of foreign bodies from the air-passages, method by manipulation; catheter, method of using it; (b) procuring the patency of the air-passages, method of Schultze alone (of all methods by manipulation) favors this; traction of the tongue does not directly raise the epiglottis (reference to rhythmical traction of the tongue); tilting up the chin useless in children; bending the head backwards useless for this purpose; catheter, mode of using it.
5. Excitation of the circulation dependant on ventilation of the lungs; pressure on præcordia directly raises blood pressure; theoretical objection to encouraging circulation of impure blood.
6. Ventilation of lungs; only two methods of manipulation efficient, namely those by Schultze and Silvester; method of Sil-

vester produces (unnatural) superior costal respiration, though the most powerful; method of Schultze also causes descent of diaphragm; method of Schultze, its disadvantages and advantages.

Method of Silvester, its disadvantages and advantages; methods of Marshall, Hall and Howard useless for children.

Direct inflation of the lungs; cannulas; mouth-to-mouth method; objection to it, (a) danger of rupturing lungs, (b) danger of tuberculous infection, (c) danger of inflating stomach.

Consideration of each; action of heat, favorable and unfavorable; how best applied.

Summary of treatment of still-birth.

THE NON TABETIC LESIONS OF THE POSTERIOR COLUMNS OF THE SPINAL CORD.

BY CH. L. DANA, NEW YORK.

The posterior columns of the spinal cord and the posterior spinal roots, so far as diseases may be concerned, are studied from three points of view:

1. Diseases in connection with the embryological areas.
2. Diseases in connection with the exogenous and endogenous fibers.
3. Diseases in connection with the vascular supply.

The writer gives a brief review of the non-tabetic lesions. He then discusses the subject of acute ataxia due to spinal lesions, *acute spinal ataxia*. He gives the observations of Leyden and others as to acute ataxia due to bulbar lesions and describes a distinct class of cases due to acute lesions of the posterior columns of the cord. These occur in elderly or aged people with generally a specific history. Personal cases are reported and literature referred to. He gives his views as to the pathology of the disease.

The writer next discusses the subject of lesions of the posterior columns due to cachetic, anemic and infectious states. He describes the condition which he calls "*sub-acute spinal ataxia*" due to lesions of the posterior, and often of the lateral columns. The etiology, course and pathology of this disorder is described from the personal experience of the writer, based upon a study of sixteen cases of his own, in three of which there were autopsies.

MEDICAL PROGRESS.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Mechanism of Agglutination.—The importance of the Widal reaction in clinical medicine has led Ernst and Robey to investigate its mechanism so far as it can be done. They review the various theories and observations on the subject by Gruber, Bordet, Pfaundler, Gengou, Rodet, Malvoz and others and give the results of their own tests. In conclusion they say that these studies do little more than furnish limited control of the work of others; but from these and other observations, it seems: 1. That the agglutinating property does not lie in, and is in no way connected with, the flagella of the bacteria concerned. 2. That agglutination is not to be accepted as a specific property connected with a condition of immunity, although this is a difficult idea to discard. 3. The homologous nature of agglutination can not be considered a positive characteristic, for how then could the clumping of typhoid bacilli by diphtheria antitoxin be explained. 4. Finally, that no universally applicable explanation of agglutination has yet been offered. The most rational theory yet suggested seems to be that of Bordet, that an agglutinating agent—"agglutinine"—acts on an agglutinable substance—"substance agglutinée"—the nature of which is not yet determined—and that this reaction occurs not only with bacteria, but with many other elements—globules, casein, and precipitates of various kinds.—*Jour. Amer. Med. Assn.*

DISEASES OF WOMEN AND CHILDREN.

Intestinal Catarrhs of Children.—Dr. Carl Tittel of Vienna (*Ga. Journal of Medicine and Surgery*, April, 1899) calls attention to the fact that the majority of the remedies which have been claimed to act directly upon the inflamed intestinal mucous membrane are objectionable, because of their irritating action upon the stomach, and because their effect becomes rapidly exhausted, sometimes even in the upper portion of the intestine. Recently he has resorted to tannopine, which he found free from these disadvantages, and has employed it in a large number of intestinal affections in children, comprising both enteritis due to simple dyspepsia and also intestinal catarrhs of other origin. It

was usually prescribed by him without any admixture of other remedies in doses of two to seven grains, according to the age of the child, being given dry on the tongue, or in suspension. As no radical changes were made in the diet in any of these cases, the beneficial results are chiefly attributable to the use of tannopine. Under its administration the stools were diminished in number and became more consistent, and the admixture of mucus gradually decreased. Milder cases were improved or cured after two or three days' treatment. In those instances, where on account of the conditions of the patient and the long duration of the disease preliminary disinfection of the bowel by means of calomel could not be employed, the administration of tannopine was very serviceable in two directions, both as an astringent and disinfectant.

PROCTOLOGY.

Prolapsus of Rectum.—At a recent meeting of the Académie de Médecine, M. Delorme related the cases of three patients who suffered from prolapsus of the rectum, and who were treated by excision of the mucous membrane, and by circular sutures. One of the patients died; the two remaining were cured without relapse. According to the speaker, ablation of the mucous membrane usually reserved for prolapsus of the mucous membrane only, was likewise applicable to prolapsus of all the coats of the rectum.

The operation was especially indicated in the adult and in the child, whose tissues presented particularly favorable conditions of adhesion. The excision of the mucous membrane should not be too extensive; six to ten inches were sufficient. Consecutive treatment had a considerable importance as to the result of the operation. It consisted in fixing the anal region until the cicatrix was complete. To obtain that result it was necessary to apply an occlusive dressing which would insure the perfect contention of the parts. The legs should also be attached below the knees, so as to prevent any movement. The patient should remain several days without defecation, and to meet that necessity small doses of opium should be prescribed as well as a rigid diet. To consolidate the cure walking should not be allowed before several weeks.—*Ex.*

BOOK REVIEWS.

A Text-Book of Practical Medicine. By WILLIAM GILMAN THOMPSON, M.D. 8vo., pp. 1011. Illustrated with Seventy-five Engravings. [New York and Philadelphia: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6.00 net; half-morocco, \$6.50 net.

The author is one of the best known New York physicians who has had an enormous experience in both private and hospital work. He has taught medicine for a number of years and there is none more capable of writing a book on practical medicine. In the book before us we are presented with the result of his labors in the direction of book-making. He has certainly well acquitted himself of the self-imposed task and presented the profession with a text-book that bids fair to endure. The author has taken up one part of the subject with more seriousness and devoted more space to it than the usual run of writers on the practice of medicine, thereby making the work one really devoted to practical medicine. We refer to the subject of Therapeutics. The author assumes that the proper object of medical science is to cure as well as to prevent disease. Bearing this in mind, he has made his book conform as much as possible to this idea, and he has admirably succeeded in doing this.

Whilst the book seems rather a large one, the author has not been prolix nor has he indulged in profitless discussions of moot points. The author, however, has not neglected the prime and basal subjects of pathogeny, pathology, diagnosis, etc., and gives them at sufficient length to prove useful. The work has received more than ordinary care in its construction and is a more than ordinarily complete one. Naturally, the rarer diseases do not receive the same amount of attention as the commoner ones. But all are given with a clearness of description and sharpness of outline which cannot but ensure attention at the hands of the reader.

We notice a few lapses, such as *mal vénérienne* (page 283) for *vénérien*. Again the author, in speaking of primary syphilis, mentions the *swelling* of the lymphatic glands when he no doubt means *induration*. These are no doubt minor defects, but will bear correction in a subsequent edition.

As usual, the mechanical work is most excellent. The illustrations are good and original. What we desire to call particular attention to is the almost fabulously low price at which the book is published. The Lea Brothers certainly deserve the gratitude of the profession for their liberality in this respect. A good book at a very reasonable price should certainly find a large number of purchasers.

International Clinics. A Quarterly of Clinical Lectures, and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners, by leading Members of the Medical Profession throughout the World. Edited by HENRY W. CATTELL, A.M., M.D., with the collaboration of JOHN ASHHURST, Jr., M.D., LL.D., CHARLES H. REED, M.D. and JAMES T. WHITTAKER, M.D., LL.D. With Regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. Vol. II., Tenth Series. 1900. 8vo., pp. 300. Illustrated. [Philadelphia: J. B. Lippincott Company. 1900.

The end of the first decade of the publication of *International Clinics*, far from showing any decadence, was characterized by many improvements, and, as the editor had promised, the second volume before us is a further improvement upon its immediate predecessor. We are sorry to chronicle in this place that this number contains the last literary work of the lamented Ashhurst and Whittaker. They were earnest collaborators and their absence will be dearly felt.

The volume before us can easily rank as the best one which has appeared for quite some time. It is replete with illustrations, the lectures and special articles are good, and, whilst an old friend, the *International Clinics* seems to have been infused with new life. It will surely become more popular now than it has ever been, and that is surely saying a great deal, for its success has been a marked and continued one.

The volume before us opens with an article on the kromoscop, the frontispiece being a kromogram. The article deals with color photography, the printing of half tones in natural colors, and naturally has a great deal of interest for all physicians who write. We hardly know where to begin with such an *embarras de richesses* before us. Therapeutics of the unborn infant is a masterful article by Dr. J. W. Ballantyne, the famous teratologist. The treatment of erysipelas of the face forms the basis of an excellent article by Dr. G. Dieulafoy. Atypic enteric fever is well reported by Dr. J. C. Wilson. An interesting case is that reported by Dr. J. MacKenzie on double osteotomy of hip for deformity. Alexander J. C. Skene, whose death we noted in our last number, is represented by a most valuable clinical lecture, which is magnificently illustrated. The subjects of eye and ear diseases receive very full attention. A very good article is that on the bullous and pustular eruptions in early life, by Dr. Charles Warrenne Allen. The only regret we can express is that the article was not larger. The volume concludes with a report of the fifty-first annual meeting of the American Medical Association, by Dr. Guy Hinsdale.

We can but reiterate what we said above, that this volume sur-

passes in execution and value of its contents any of its predecessors, and the publishers have very nobly carried out their part.

Essentials of Medical and Clinical Chemistry, with Laboratory Exercises. By SAMUEL E. WOODY, A.M., M.D. Fourth Edition, Revised and Enlarged. 12 mo., pp. 243. Illustrated. [Philadelphia. P. Blakiston's Son & Co. 1900. Price \$1.00.

Woody's *Essentials* has enjoyed a large degree of popularity because it embraces so much information in such a small scope. It is a practical work, destined to give students a fundamental knowledge of chemistry, and there are added simple laboratory exercises requiring but the simplest apparatus, which are very demonstrative and instructive. The author has been a teacher for twenty years and, realizing the needs of his pupils, he has supplied them by the production of this little book, which sprang into instant popularity. Inorganic chemistry, organic chemistry, and clinical chemistry are taken up in a very systematic manner, with the result of a short, useful and practical manual. We can safely recommend it to those in need of a short epitome on medical and clinical chemistry.

Medical Diagnosis. With Special Reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCOSTA, M.D., L.C.D. 8vo., pp. 966. Illustrated. Ninth Edition. Revised. [Philadelphia and London: J. B. Lippincott Co. 1900.

The bare announcement of the appearance of a new edition of DaCosta's work on *Medical Diagnosis* would be sufficient to ensure a large sale for it. For many years this work has been looked upon as one of the standard guides in medicine, and to-day it still holds this position. The present ninth edition is a thoroughly revised one, both in the matter of text and illustrations. Some colored plates have been added, which materially increase the value of the book, more especially the skiagraphs.

The same classification has been adhered to by the author as was employed in former editions. This consists in the grouping of diseases in accordance with their more marked symptoms in preference to one based on a purely pathological foundation. It is also the more rational in the matter of giving and in the formulation of a diagnosis. All the aids to arrive to this end are given and bacteriology receives its full share of attention. All the latest aids of formulating a diagnosis are given, the phonendoscope not being omitted. So it is throughout the work.

It seems hardly proper to say anything on this standard work, for every medical man not only knows it but possesses a copy of it. But it is several years since the eighth edition appeared, and many improvements and discoveries have been made in the art of diagnosing, and make it really imperative upon every

physician to obtain a copy of this ninth edition. It has been a little late in its appearance, owing to the large and disastrous fire of the publisher, which destroyed the copies of the present work, which were on hand and ready for issuance. We desire to congratulate Messrs. J. B. Lippincott Co. upon their rapid recovery from this disaster and the rapidity of issue as well as neatness of production which have characterized the work before us.

"Festschrift" in Honor of Abraham Jacobi, M.D., LL.D.
To Commemorate the Seventieth Anniversary of his Birth,
May 6, 1900. 8vo., pp. 496. Illustrated. [New York: The Knickerbocker Press. G. P. Putnam's Sons. 1900.

It is a rather unusual occurrence for an American physician to be the recipient of such an honor as a *Festschrift*, and he who does must indeed occupy a most excellent position in his profession. Dr. Jacobi is the father of pediatrics in this country, and his earnest, honest work in this department of medicine has endeared him to his colleagues as much as his kindly ways, skill and human demeanor has to his thousands of little patients.

The book before us is a collection of the best thoughts and work of the foremost master minds in medicine in the world. They are most properly preceded by a superbly executed etching of the thoughtful, yet leonine features of the recipient of the honor, executed in irreproachable style by the well-known artist James D. Smillie. He has caught in a masterful way the thoughtful yet kindly expression of the master, and has contributed a gem to the art of portraiture. To judge from this likeness, Dr. Jacobi bears his threescore years and ten not lightly but easily, and he has many more years of usefulness in store for his many patients. May each succeeding year sit more lightly on his shoulders.

To attempt but a mere enumeration of the very valuable papers which are encompassed within the covers of this book would require much more space than we can spare at present. A mere reading of the list reveals to us the fact that leading men from every country on the globe have made contributions, each one being of more than ordinary value and originality.

The contributors number fifty-five, and the contributions are in English, French or German, according to the nationality of the author, those not embraced in these having their papers in English. To the student of pediatrics this *Festschrift* will constitute one of the most valuable contributions on the subject which has appeared in the last twenty years. In reading the various ones we find that the American contributors are not by any means behind their European confrères, which we take as a compliment to Dr. Jacobi in view of the fact that this is due to the force of his example and impulse to this branch of medicine in America.

The book is exceptionally well brought out by the publisher. Every portion of the work is high-class, and it is really an edition de luxe. Dr. Jacobi should certainly feel honored at this testimonial of the honor and esteem in which he is held by his professional friends and admirers. This may perhaps be an example to serve as an impulse to celebrate the seventieth anniversary of other prominent physicians and surgeons, and add more volumes to "International Contributions to Medical Literature," of which the volume before us is one.

Cancer of the Uterus. Its Pathology, Symptomatology, Diagnosis, and Treatment. Also the Pathology of Diseases of the Endometrium. By THOMAS STEPHEN CULLEN, M.B. (Toronto.) Royal 8vo., pp. 693. With Eleven Lithographic Plates and over Three Hundred Colored and Black Illustrations in the Text, by Max Brödel and Hermann Becker. [New York: D. Appleton & Company. 1900. Price, cloth, \$7.50; half morocco, \$8.50. Sold only by subscription.

This is a most excellent monograph on the subject with which it deals and one whose superior we have not seen. It is what we would naturally expect of the Associate Professor of Gynecology at the Johns Hopkins University and of a pupil of Howard A. Kelly and William H. Welch. It is a work which illustrates, in the best manner possible, the high standing of the Johns Hopkins, of which all Americans are very justly proud. It is natural that we should find an echo of Kelly's teachings in the book before us; but they are recognized as being so sound and so good that they are regarded as classic the world over.

The author begins his work with a consideration of the anatomy of the uterus and its adnexa which is entirely different from the perfunctory descriptions given in works on gynecology. Furthermore, he goes into a very systematic description of the appearances, diagnosis, and treatment of the various forms of carcinoma of the uterus. Not only this, but the pathological anatomy is entered into most fully, the microscopic appearances of scrapings being fully entered into, including their importance and reliability. As the author very justly remarks, it is a matter of the most vital importance for the general practitioner to recognize the presence of cancer of the uterus at as early a period as possible in order to obtain the best results from operative procedures which can be attained. And this is what he endeavors to do.

The descriptions and operative measures are well and thoroughly described, and as each condition is taken up cases are described and figured to illustrate the points more thoroughly. These clinical cases are not only in the highest degree interesting but instructive as well, and aid the serious reader in a manner that could not be equalled by any other means. Another help is

the illustrations and plates in black and colors, both of the conditions seen and of the microscopic findings; and it is only necessary to state that they are made by Max Brödel and Herman Becker to assure our readers that they are executed in the highest style of art.

The publishers have done themselves proud in this volume. The typography, illustrations, and press work are done in the best style. The paper is really a plate paper and the binding is most superior. Every surgeon and gynecologist will possess himself of a copy of this work. Of that we have no doubt. It is to general practitioners that we would urge the necessity of obtaining one and carefully studying it. Each one will find it of the greatest value and profit to himself as a reliable guide and counsellor. It is the best and only work on cancer of the uterus.

Manual of Pathology. Including Bacteriology, the Technic of Postmortems, and Methods of Pathologic Research. By W. M. LATE COPLIN, M.D. 8vo., pp. 846. Third Edition. Revised and Enlarged. With Three Hundred and Thirty Illustrations and Seven Colored Plates, many of which are original. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$3.50 net.

This is a most excellent book, which is very deserving of the popularity with which former editions have been received. It is justly in demand with medical students, as it is quite full and gives all the information which is necessary for them, and can also be utilized as an excellent guide by general practitioners. The subject is well classified, and evidences the fact that the author is a teacher of the subject whereof his book treats.

Part I. is devoted to technic, a most valuable preliminary to the proper study of pathology. In this are given not only the proper methods of making postmortem examinations, but all the details involved, including the methods for the preservation of tissues. Following this are given histologic methods, bacteriologic technic, microscopic examination of urine, and the technic of sputum examination. In all of these due attention is paid to the most approved and modern methods as well as the most reliable.

Part II. is given over to general pathology, and it is in this that the general consideration of the various pathological changes are elaborated. It would hardly be in place to note all the subjects taken up, but that of tumors is well and clearly considered in the main.

Part III., which embraces Special Pathology, is, naturally, the most important part of the work, and opens with a consideration of the pathology of the blood. The pathology of the various organs and tissues is taken up in regular order, and the author has certainly made this a most interesting part. Every pathologic process is taken up seriatim and dwelt upon in the manner which its importance deserves. There is nothing prolix nor is there any slurring over of anything.

The colored plates are good and the figures are also excellent. They are numerous, and many new ones have been introduced for old ones, which the advances made in pathology required to be eliminated for better ones. The publishers with their usual liberality readily did this and it has enabled them to put out a good, well-illustrated, modern work on pathology, which is handsomely gotten up, reflecting honor upon the author and credit upon themselves. The book is a very good one, and we anticipate a call for a fourth edition very shortly.

Diseases of the Stomach. Their Special Pathology, Diagnosis, and Treatment, with Sections on Anatomy, Physiology, Chemical and Microscopical Examination of Stomach Contents, Dietetics, Surgery of the Stomach, Etc. By JOHN C. HEMMETER, M.D., Philos.D. Large 8vo., pp. 898. With many Original Illustrations, a number of which are in Colors, and a Lithograph Frontispiece. Second Enlarged and Revised Edition, with New Chapters and Additional Illustrations. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$6.00 net.

The first edition of this work made an epoch as a thoroughly well written and complete monograph on a subject which is of the highest importance to the physician. The author devotes great attention to all the details of his subject and has greatly improved the work since the first edition appeared and which very justly enjoyed a large sale. The addition of a large number of illustrations has further enhanced the value as well as usefulness of the book. A leading feature of it is the thorough manner in which the pathology of the various conditions of the stomach has been worked up. This is most thorough, and yet it has not been done at the sacrifice of diagnosis and treatment, which also receive a most thorough treatment. The most modern methods of making examinations are given, and the chemical and microscopical examinations of stomach contents are elucidated in a manner that is not only of a most satisfactory nature, but cannot be anything but completely conclusive to the investigator. Nothing which is laid down is rendered obscure by complicated descriptions or methods, but rather rendered clearer and more comprehensible to the seeker after information.

A special feature of the work before us which will commend it to every physician is the manner in which the author handles therapeutic measures. These he has considered with unusual care, his object being not only to recommend successful measures, but such as are rational in character. Most naturally these are the best adapted to obtain a cure; and basing a diagnosis on exact methods and a thorough knowledge of the anatomy and physiology of the stomach and the connected parts can lead to no other result than successful treatment. It is for this reason, and the one that this treatise has led to these results, that it has

met with such popularity with the better class of medical practitioners. A very valuable feature which has been introduced by the author is the complete bibliography which is appended to each chapter, and which has been brought up to date. By consulting the papers and books enumerated, certain details may be followed out and a more thorough acquaintance of any certain part of the subject established.

The publishers have made a handsome volume of this work, and have not been sparing of illustrations. The book is a handsome one, printed in the best of style, on extra paper, and the plates as well as illustrations, are well executed and numerous. No physician can afford to leave his library shelves destitute of this splendid work.

A Dictionary of Medicine and the Allied Sciences. Comprising the Pronunciation, Derivation, and Full Explanation of Medical, Pharmaceutical, Dental, and Veterinary Terms, together with Much Collateral Descriptive Matter, Numerous Tables, etc. By ALEXANDER DUANE, M.D. Third Edition, Enlarged and Thoroughly Revised. 8vo., pp. 646. With Eight Full-Page Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$3.00 net; full flexible leather, \$4.00 net.

There is perhaps no one more competent of writing or rather constructing a medical dictionary than Dr. Duane, who by reason of his accurate and comprehensive scholarship has established his reputation upon a base that need never feel the least fear of any onslaught by the most hypercritical or carping critic. Whilst former editions of his dictionary were most excellent and seemed to fill the want which it was intended to supply, he has broadened his book so that it now embraces pharmacy, dentistry, and veterinary science, all of which are cognate to medicine. As would naturally be expected in a work of its more or less limited compass, and in order to include all the information needed by a medical man, obsolete and useless words have been very judiciously ruled out. The idea has been to include only practical medical terminology, and this has been accomplished with rare skill.

In addition to a number of useful tables, eight full-page colored plates have been introduced and they are such as to prove of more than ordinary value to the one consulting this dictionary. The definitions are clear and comprehensive, and wherever it has been found necessary encyclopedic information has been furnished. The whole work evidences the master hand which has produced it, and we have no doubt that this edition will prove even more popular than the two preceding ones.

Practical Uranalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons, and Students. By CHARLES W. PURDY, LL.D., M.D. 8vo., pp. 392. Fifth Revised and Enlarged Edition. With Numerous Illustrations, Including Photo-Engravings and Colored Plates. [Philadelphia: The F. A. Davis Co. 1900. Price, \$3.00 net.

The popularity of this book may well be surmised from the number of editions which have been called for by the medical profession. It has deservedly gained this popularity, for the author has greatly simplified the subject without sacrificing accuracy in the least. He has placed the more intricate problems connected with uranalysis and urinary diagnosis within the reach of every intelligent practitioner of medicine. In this latest edition before us he has made a number of additions of much worth, and has revised his former one in a manner that makes it much more valuable and greatly simplifies some of the methods without in the least impairing their reliability.

The publishers have dressed the book in very attractive binding, and have produced a volume that is a credit to the book-maker's art. We anticipate that not a long period of time will elapse before a sixth edition will be called for by physicians. It is barely six years since the first one made its appearance, and as the book becomes better known the intervals between editions become shorter.

Transactions of the Southern Surgical and Gynecological Association, Vol. XII. Twelfth Session, held at New Orleans, La., Dec. 5, 6 and 7, 1899. 8vo., pp. 398. [Printed by the Association. 1900.

We are once more called upon to greet an old friend which, whilst gaining in years, has lost none of its strength and virility. As we predicted twelve years ago, this Association had come to stay, and to-day it has firmly established itself, and its Transactions bear evidence not only of its prosperity, but of a most arduous number of workers among its members. As in former years, this volume of papers is a most valuable one, and they are all most liberally illustrated.

Among the more prominent papers may be mentioned one On the Methods of Intralaryngeal Insufflation for the Relief of Surgical Pneumothorax, by Rudolph Matsa of New Orleans; an interesting case of Ossification of the Uterus, by C. Jeff. Miller of New Orleans; Suspension of the Uterus by Intramural Shortening of the Round Ligaments, by George H. Noble of Atlanta, Ga.; and a very thorough and interesting paper on Two Cases of Esophageal Diverticulum, by Maurice H. Richardson of Boston. A more than ordinary interesting contribution is that by George H. Noble of Atlanta, Ga., on One Hundred and Twelve Cases of

Pregnancy in Uterus Bicornis. We would like to enumerate all the papers read, as there is not one that is not good and worthy of careful reading.

This volume is again new evidence of the care and work devoted to it by the indefatigable and efficient secretary of the Association, Dr. W. E. B. Davis. He has made it a pride to issue transactions above criticism. No one who has seen any volume of them but has had words of praise for them, and it is certainly to the credit of the secretary. Ably seconded as he has been by Philadelphia's premier printer Dorman, the volumes have always been a credit to the Association, and fit to adorn any physician's library.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

A Text-Book of Practical Medicine. By William Gilman Thompson, M.D. 8vo., pp. 1011. Illustrated with Twenty-nine Engravings. [New York and Philadelphia: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6.00 net; half-morocco, \$6.50 net.

Medical Diagnosis. With Special Reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. Da Costa, M.D., LL.D. 8vo., pp. 966. Illustrated. Ninth Edition, Revised. [Philadelphia and London: J. B. Lippincott Co. 1900.

International Clinics. A Quarterly of Clinical Lectures and Specially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and Other Topics of Interest to Students and Practitioners, by leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., with the Collaboration of John Ashhurst, Jr., M.D., LL.D., Charles H. Reed, M.D., and James T. Whittaker, M.D., LL.D. With Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. Vol. II. Tenth Series. 1900. 8vo., pp. 300. Illustrated. [Philadelphia: J. B. Lippincott Co. 1900.

"Festschrift" in Honor of Abraham Jacobi, M.D., LL.D., to Commemorate the Seventieth Anniversary of his Birth, May Sixth, 1900. 8vo., pp. 496. Illustrated. [New York: The Knickerbocker Press. G. P. Putnam's Sons. 1900.

Cancer of the Uterus. Its Pathology, Symptomatology, Diagnosis and Treatment. Also the Pathology of Diseases of the Endometrium. By Thomas Stephen Cullen, M.B. (Toronto). Royal 8vo., pp. 693. With Eleven Lithographic Plates and Over Three Hundred Colored and Black Illustrations in the Text, by Max Brödel and Herman Becker. [New York: D. Appleton & Company. 1900. Price, Cloth, \$7.50; Half Morocco, \$8.50. Sold only by Subscription.

Manual of Pathology. Including Bacteriology, the Technic of Postmortems and Methods of Pathologic Research. By W. M. Late Coplin, M.D. 8vo., pp. 846. Third Edition. Revised and Enlarged. With Three Hundred and Thirty Illustrations and Seven Colored Plates, many of which are original. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$3.50 net.

Diseases of the Stomach. Their Special Pathology, Diagnosis and Treatment. With Sections on Anatomy, Physiology, Chemical and Microscopical Examination of Stomach Contents, Dietetics, Surgery of the Stomach, Etc. By John C. Hemmeter, M.D., Philos.D. Large 8vo., pp. 898. With many original Illustrations, a number of which are in Colors and a Lithographic Frontispiece. Second Enlarged and Revised. Editions with New Chapters and Additional Illustrations. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$6.00 net.

Practical Urinalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, LL.D., M.D. 8vo., pp. 392. Fifth Revised and Enlarged Edition. With Numerous Illustrations, including Photo-Engravings and Colored Plates. [Philadelphia: The F. A. Davis Co. 1900. Price, \$3.00 net.

Transactions of the Southern Surgical and Gynecological Association. Vol. XII. Twelfth Session held at New Orleans, La., December 5, 6 and 7, 1900. [Printed for the Association. 1900.

Essentials of Medical and Clinical Chemistry, with Laboratory Exercises. By Samuel E. Woody, A.M., M.D. Fourth Edition, Revised and Enlarged. 12mo., pp. 243. Illustrated. [Philadelphia: P. Blackiston's Son & Co. 1900. Price, \$1.00.

The Journal of Surgical Technology is the title of a new periodical, published monthly, July 1, 1900. It is devoted to the consideration of the technic of surgical procedures, at a subscription price of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the Technique Publishing Co., 404 East 14th St., New York City, N. Y., for sample copy. It is neatly printed and well edited, and covers a new field.

The New York Medical Journal.—Owing to the financial trouble of D. Appleton & Co., the *New York Medical Journal*

has been sold, the new owner being Mr. A. R. Elliott, owner and publisher of the *American Druggist*, who conducts an advertising agency in New York. We are glad to note that Dr. Frank P. Foster, its efficient editor, has been retained. The *New York Medical Journal* is one of the old reliable journals of this country, and has always been ably edited, and is recognized as one of the leading medical weeklies. It was started as a monthly in April, 1865, with Dr. William A. Hammond as editor. In 1871 the late Dr. Wm. T. Lusk and Dr. Jas. B. Hunter assumed the editorial management, these being succeeded by Dr. Frank P. Foster in 1880, who has edited since. In January, 1883, the journal was changed from a monthly to a weekly. D. Appleton & Co. became the publishers in 1868.—*Medical Record*.

The Texas Medical News has added two new associate editors to its staff. They are Drs. H. A. Barr, of Beaumont, and A. C. Scott, of Temple. They are known as the surgical staff. Both are well known in Texas and will add strength to the *News* as well as enhance its value to its numerous readers.

Archives de Medicine et de Chirurgie Speciales is a new octavo publication of 54 pages, which has recently made its appearance in Paris. It is a monthly review of the various specialties designed for the use of general practitioners. The first number is a most excellent one and reflects credit upon its founder and editor, Dr. Suarez de Mendoza, of Paris. The subscription price is 10 francs for those in the Postal Union.

The Southern Illinois Journal of Medicine and Surgery was launched in Metropolis, Ill., last August. It is a large octavo of 38 pages, appearing monthly at the subscription price of \$1.00 per year. The editors are Drs. A. C. Ragsdale and C. E. Torillion, and they propose to fill a want. The initial number is neatly printed and has contents which are good.

Panama and the Sierras is the title of a book by Dr. Frank G. Lydston, which is announced to appear soon. The Riverton Press of Chicago will publish it. The volume will be one of about 250 pages, and the price will be \$2.50, express prepaid.

An Additional Honor.—We have just been advised of the award by the judges of the Paris Exposition, to Messrs. Wm. R. Warner & Co., of Philadelphia, New York and Chicago, of the highest medal prize, for their justly celebrated pharmaceutical products. This makes the 17th World's Fair highest prize which has been awarded this well known and justly celebrated firm, and we join in congratulations to Messrs. Wm. R. Warner & Co. over their well merited and unbroken line of victories in competition with the world's manufacturers.

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 718.

VOLUME LXXIX.—OCTOBER, 1900.—No. 4.

ORIGINAL COMMUNICATIONS.

CAROID IN THE REMOVAL OF TATTOO MARKS.

BY A. H. OHMANN-DUMESNIL A.M., M.D.,

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Consulting Dermatologist to the St. Louis City and Female Hospitals;
Dermatologist to the Alexian Brothers' Hospital, Pius Hospital, etc.

My readers may remember a former paper devoted to this subject written by me* in the early part of this year. Since then it is possible to note some improvement, together with a simplification of the method then recommended. I do not intend here to refer to tattooing either in its ethnological or sociological aspects, as I have fully considered these questions in the paper mentioned, to which a bibliography was appended which contained all the important literature connected with tattooing, nothing worthy of record having appeared since then so far as I have been able to determine.

However, it may not be inappropriate to say a few words in regard to tattooing and also a few words on its pathology before entering upon the subject proper of this article. So far as tattooing is concerned India ink continues to be the favorite pigment used, vermilion having lost much of its popularity. It continues to be practiced not only among soldiers, sailors, prostitutes, and criminals, but in the upper circles of swelldom and even royalty itself. That there may be some reason for some cases goes with-

*The Successful Removal of Tattoo Marks and of Powder Stains.—ST. LOUIS MED. AND SURG. JOUR., Feb., 1900.

out saying. Thus, children are sometimes tattooed for purposes of identification in later years, and this procedure has even been advocated by some; yet its futility is immediately apparent when it is considered that these marks can be removed. The writer has been accused of an endeavor to defeat the ends of justice by giving a method of obliterating these marks so valuable in establishing the identity of a criminal, and yet the modern methods of doing this are so precise that but little weight attaches to tattoo marks



FIG. 5.—Example of Marked Tattooing.

if unsupported by better signs. It is for this reason that a method of obliterating an otherwise indelible stain, acquired in a moment of foolishness or from a spirit of imitativeness, should be received with a certain due amount of appreciation, more especially when the method is placed within the reach of all. The method is simple enough, the material necessary easily obtained, and the technique easy of execution. And yet it is absolutely necessary to carry out the latter exactly or a failure will follow the most persistent efforts, which will fail as in most cases where they are misdirected or fouled by some mistake.

A picture is here given (Fig. 5) of a soldier's tattooing, which was quite extensive and not too old to still show plainly. This

is done to show an instance where better hopes could be held out for a rapid elimination of the marks than if it were of longer standing. I have found that in cases where the tattooing is old and rather pale that the pigment which has been used is located very deep, and it requires rather more energetic treatment than in more recent cases. This will be more readily understood when we consider the pathology of the condition which exists, as well as the probable manner in which the elimination of the pigment is effected.



FIG. 6.—Section of Tattooed Skin.

A brief summary of the pathology will perhaps aid in a proper conception of the method of eliminating tattoo marks and prove helpful in endeavors made in that direction, as well as prove explanatory of the failures made in attempts to cause their disappearance. When an examination of a section of tattooed skin is made the condition present is immediately apparent. Black masses of comparatively large size are seen in proximity to one another (Fig. 6). Whilst varying somewhat in size a low power shows them very distinctly. About these the integument pre-

sents a normal appearance. The normal pigment of the skin is not noticed in comparison with these black masses. These particles of carbon—for such they are—due to the tattooing are to be found below the epidermis, very scantily in the corium, and more abundantly in the subcutaneous connective tissue. They are almost always present in the lymphatic spaces and ganglia as well, although in the latter they do not show up particularly prominent in the integument. It is this deep penetration of the particles of carbon and their imprisonment in the interlacing meshes of connective tissue which renders their presence practically permanent. The change of color from black to blue is easily explained. That portion of the carbon which is enclosed in the epidermis appears black, but it is thrown off in a short time, leaving behind it the particles situated deeper in the skin. The transmission of light through the epidermis gives them a bluish appearance, as it does to all black substances located in that portion of the integument. What has been said of these pigments tattooed in the skin is practically true of powder stains. In the latter case they are forcibly projected by explosion into the skin, but the particles, being larger, do not penetrate into the integument to a greater extent.

Not the least interesting part of the subject is the removal of these apparently indelible marks, and it is certainly the most valuable. I will not go over the various methods which have been advocated nor the failures recorded, as I have already considered this part of the subject.* The technique of the procedure is as follows: The tattooed skin is made surgically clean, or, in other words, aseptic. It is first carefully shaved, if necessary, then thoroughly washed with soap and water. After this a thorough cleansing with alcohol is given, and finally a solution of bichloride, one in a thousand, is applied. The skin is anesthetized with a spray of chloride of ethyl. Then the surface which is tattooed is covered with caroid solvent. Next in order is to take a bunch of needles, previously prepared and rendered aseptic, and dip them in the caroid solvent, driving them in the tattooed part with a sharp blow. This is repeated several times over the entire tattooed skin. Much of the success obtained depends upon the proper preparation of the bunch of needles. The method which I have found best is to get some shoemaker's wax,

*Loc. cit.

melt it, and as it is about to harden put in a number of fine cambric needles so that they will have about half an inch free, the points being upon the same level, as shown in figure 7. Miller's needles, No. 9 or 10, will serve the purpose admirably. This curative tattooing must be thorough to insure good results, and yet the needles must not be driven so deeply as to draw any but the least quantity of blood. After this tattooing has been done the caroid solvent (a bland solution of the vegetable ferment caroid, specially prepared for use as a physiological solvent) is poured over the area worked on and covered with two or three layers of gauze, previously soaked in the solvent. In a few days, two or three, when the latter is removed the tattoo



FIG. 7.—Bunch of Needles to Tattoo in Caroid.

marks present a hazy, light appearance. Very shortly after some crusts appear, and when these fall off all traces of the tattooing will be gone. If the least bit should remain the process is to be repeated. As a general rule I have found it necessary to repeat the procedure to obtain the best result. A peculiarity in reference to this is that the process does not bring about the swelling or inflammatory reaction observed in tattooing with india ink or other pigments. This is probably due to the fact that, in the first place, the caroid solvent is not so irritating, and in the second place no buccal mucous is mixed with it as in tattooing, a habit which is not only filthy but dangerous, inasmuch as it may transmit syphilis or tuberculosis, as has been observed in many instances. Not only this, but the muco-organisms of the mouth may act deleteriously by inducing septic conditions of greater or less virulence.

The rationale of the method is one which appears to me to be about as follows: Caroid acts upon dead but not upon living tissue. The digestive principle of the caroid is disseminated about the encysted deposits of pigment, where it dissolves their covering and thus eliminates them. A portion is absorbed in a finely divided state by the lymphatics; another part probably

finds its way into the upper layers of the epidermis and thence to the surface. In this manner we obtain a disappearance of the pigment.

The caroid solvent is the best agent which I have yet employed for the eradication of tattoo marks. Caroid is without doubt the best digestive agent before the medical profession to-day, and, as made by the American Ferment Co., it is beyond criticism.

The needles should be new for each case. In fact, perfect surgical cleanliness must be observed in every treatment and in each individual case to obtain success. By carefully following the technique laid down above, a failure in removing tattoo marks or powder stains should never occur.

State Leper Home.—Louisiana has the only home for lepers in the United States. In the past two years there have been forty-five inmates under treatment, and at present there are thirty. The oldest patient is a woman of eighty years; the youngest a boy of ten. The State has appropriated \$20,000 for the purchase of lands and buildings, but nothing has as yet been done, as the sum is so inadequate that efforts are being made to have it doubled.

Poison in Glazed Wares.—A Frankfort newspaper calls attention to the fact that for some time past certain kinds of silver-mounted glass and porcelain wares, such as cups, glasses, jars, vases, etc., have been placed upon the market. The silver on these articles is applied by means of a galvanoplastic process in baths which contain very large quantities of potassium cyanide. As glazed wares have innumerable hairlike cracks, this deadly poison enters these cracks, and the articles, beautiful to look at, become a severe menace to the health of anybody using or handling them, and especially as it is impossible in the course of manufacture to remove this poisonous residuum. Only a short time ago a very severe case of poisoning resulted from the use of such ware. These goods are chiefly exported to the United States from Frankfort, Berlin and Stuttgart. — *Med. News.*

THE JAPANESE DISEASE, "MITARI-KASA-YAMAI" (OF 806-809 A. D.)—WAS IT SYPHILIS OR LEPROSY?

BY ALBERT S. ASHMEAD, M.D., NEW YORK,

Late Foreign Medical Director Tokio Hospital, Japan, and Physician in Charge of the Yoshiwara (Licensed Prostitutes) of Tokio.

The following is a note to Dr. Ashmead's article: "No Relation Between the Leprosy and Syphilis of Japan and Pre-Columbian America"—a contribution to the Berlin Anthropological Society's meeting to be held at Berlin, October, 1900.

"MITARI-KASA-YAMAI."

Dr. Dohi, of the Paris Legation, and delegate of Japan to the Berlin Lepra-Conference, reported (see Mittheilungen und Verhandlungen der internationalen Lepra-Conferenz, Berlin, 1897. Band III., S. 432) and Dr. Bloch, in the Berlin Anthropol. Soc. (see *Zeitschrift für Ethnologie*, Berlin, 1899, page 205), quoted as leprosy in ancient Japan a disease mentioned in the "Daido-Ruishinho" (Encyclopedia of Japanese Receipts, etc., of the period of Daido, 806-809 A. D.), under the name, "Mitari-kasa-yamai"—literally: "Mitari," hanging down or falling of the eyes (hang-dog look), or falling of the eyebrows, or ptosis (note: Hetaré is falling down or drawn cheeks; "Mitari" is pronounced métaré); "Kasa," pox, *syphilis*,* and "Yamai," as every one knows, is disease. In effect it means *syphilitic disease of eyes*.

Syphilis in many of its forms was considered false leprosy, and, vice-versa, leprosy in many of its forms was called syphilis, because the Japanese, by their religious belief that it was a divine punishment for sin, were averse to making a true diagnosis. They therefore did not call the spade a spade. The curability of the confused disease "Bai-rei" (syphilis-leprosy) determined the point for the people.

Here are some cases of false leprosy treated by Katakara Genshin, as related in his book, "Bai-rei-shinsho" (new book on syphilis and leprosy), Tokio, 1781; "Bai," bai doku (syphilis); "Rei-Reibyō" (leprosy), modern terms; and "Shinsho," new book.

A rich man's cousin (that's Japanese exhaustiveness!), aged 25, of Nisheoku village, province of Yamashiro, had been a leper for five years. Half of his eyebrows had *fallen* (not unusual in syphilis); his hand and foot were crooked; spots on face, feet and

*There is no question about it: "Kasa" is *syphilis*."

hands. Loss of feeling in both legs (paraplegia). The author visited the case in the leper village, ten miles from Kyoto (like in our middle ages, in Europe, there were many syphilitics in their leper villages). He was atrophied (*fallen away*), and the white crescents of the nails were absent; he had the usual flashy eyes (feverish); the fingers were not much crooked. Although by the author's rule the case was incurable, as the patient had not subjected himself to the warm springs treatment—a popular test for syphilis and leprosy; it helps the one (syphilis) and harms the other; and as he was young and had what the proverb calls an iron-like heart, the author examined him by camphor light, outlined his spots, and applied the hot acupuncture needles for three days. He was then purged, and passed fourteen worms, a foot long [quackery?]. *On the very same day* his fingers became more movable. Spots now appeared on his chest, and acupuncture was there applied. For fifteen days after this treatment the wounds discharged pus. The fingers became quite free, *the eyebrows and moustache grew again*, and he was discharged cured. [This was not a case of leprosy, but of syphilis].

Another case was that of a curio dealer, aged 38, a drunkard and *flesh-glutton* (O Buddhist horror!), very fat, with rosaceous nose. A year before treatment scaly spots had appeared on his face in varying shapes, *like ringworms*. He *had lost his eyebrows*. Case was diagnosed as wet and heat (climatic) *tropho-neuritis* (polyneurites are extremely common in Japan). Under acupuncture treatment he recovered in thirty days.

[This was not leprosy either, but syphilis. In all paralyses in Japan one finds many ulcerations discharging pus from previous applications of Moxæ and acupunctures. Therefore, patients presenting themselves with fetid wounds and running sores do not mean so much in Japan as with us. These artificial running sores are usually along the course of a nerve].

Another case: A soldier of Kumomoto, aged 40. Eruption on upper parts of cheeks, flat and scaly, letting escape a yellow fluid, and spreading gradually all over the face. In spring and summer the fluid flows abundantly; it dries up in winter and turns flaky. These conditions had prevailed *for four years before he was a leper*. He was cured in sixty days.

[This is also mistaken diagnosis; he was not a leper even then, but a syphilitic].

I have in my library a Japanese work of three volumes, by Tokuhon (or Tokumoto) Osada, entitled "Bai-kwa-mu-dzin-dzo" (book of precious medical treatment [or therapeutics]). "Bai" here does not refer to syphilis (Bai-doku), but "Bai-kwa" means plum-blossoms. "Mu-dzin-dzo" mean unlimited supply or storehouse of or for; the name therefore is poetical. It means that as the plum-blossoms denote that spring and summer time have come again, and the excessive health of plant-life, so these medicines of his book will prove inexhaustible and precious for the rejuvenation of the general health of the people. This book was printed originally in the Mei-wa period (Iyeyasu's time) and reprinted in Kyoto, Japan, 1766, by Ogi-no, a physician of Kaga, now Ishi-kawa-ken. It is this reprint that I have. I read in it the following (translated by a member of the Japanese secret service [Guai Macho] foreign office, a resident of New York): "To know whether a leper is *curable* or incurable, look at the ball of his thumb; if it is atrophied and very thin, there is *real* leprosy, and consequently no cure is possible; if it is perfect, cure is possible."

It is evident that the author means that real leprosy is incurable, and that only that which imitates it—false leprosy (Kasa-syphilis) can be cured.

Under the heading *Hemiplegia*, this author says: "It is due to bad circulation of the blood; the blood flashes to the head." In treatment of it he says: "Begin with small doses of *cinnabar* (anti-syphilitic treatment); with peonia Japonica root, small doses; kernels of peaches and orange peel; with *China root* (bukuryo), 'Toki' and 'Jio.'" These last are untranslatable, but the important part is the treatment by *cinnabar*.

He says further of paralyzes: "There are different symptoms of paralysis; some suffer most in the muscles (loss of movement and atrophy), some suffer most in the head. [Evidently he distinguishes between central paralysis (apoplectiform) and peripheral paralysis (or neurotic); but anyone who has had (Kasa) syphilis, and takes calomel (Keifum) in *enormous doses*, has his veins filled with the remedy (that is, he is *poisoned*, and has the *signs of mercurialization: tremors, paralysis, destructive ulcerations, loss of nose, and gangrene of lips, etc.*), which makes him appear like a paralytic (leper)]. In this case, purgative medicines are best (how well he knew!), and Kaifum (calomel) in smaller doses should be given. [He does not stop anti-syphilitic

treatment altogether, you see; therefore such a case would be *sypilis*].

I append a letter just received from Mr. Stevens, Counselor of the Japanese Legation, Washington. Mr. Stevens was first Secretary of the American Legation in Tokio during my sojourn there:

“LEGATION OF JAPAN, WASHINGTON, D. C., }
September 7, 1900. }

“MY DEAR DR. ASHMEAD:—No one in the Legation understands the meaning of the word “Mitari.” There is a word “Metadari,” which means soreness or inflammation. “Me,” the eye, and “tari,” hanging down, making a combination like the one you mention (except that you say Mitari), but there is no such word, at least, known to us in the Legation. Of course it is possible that some medical term of the kind may have been invented.

Yours sincerely, D. W. STEVENS.”

Sir Thomas Lauder Brunton.—Dr. Thomas Lauder Brunton, physician to St. Bartholomew's Hospital, London, and formerly editor of *The Practitioner*, has been knighted.

Southern Surgical and Gynecological Association.—The meeting of the Southern Surgical and Gynecological Association will be held in Atlanta, November 13th, 14th and 15th, under the presidency of Dr. A. M. Cartledge, of Louisville. Prospects are splendid for a successful session. Members of the medical profession are cordially invited to attend.

Tri-State Medical Society.—The twelfth annual meeting of the Tri-State Medical Society will be held at Chattanooga, Thursday, Friday and Saturday, October 11, 12 and 13, 1900, just after the meeting of the Mississippi Valley Medical Association at Ashville, N. C. A rate of one fare for the round trip will be in force on the occasion of the reunion of the Army of the Cumberland and the Spanish-American war veterans. The committee in charge would be pleased to have you to attend and read a paper. Kindly send title to the secretary at an early date for the preliminary program soon to be issued. Fraternaly yours,

FRANK TRESTER SMITH, Secretary.

THE NON-TABETIC LESIONS OF THE POSTERIOR COLUMN.

BY M. BRUCE, EDINBURGH.

The subject will be discussed in two sections: I. Anatomical; II. Pathological.

I. The constitution of the posterior columns as shown by the degenerations following: (1) lesions of nerve roots; (2) lesions of the cord itself interrupting the continuity of the posterior columns; (3) lesions of the gray matter.

Exogenous Tracts.—Differentiation of Goll's and Burdach's columns depends on termination of their long fibres in the nucleus gracilis and nucleus cuneatis respectively: Burdach's column commences at fifth dorsal segment. Goll's column has a definite and characteristic form at each segment, any departure from which indicates a partial involvement of its components. Kahler's law regarding the positions of the exogenous fibres in the columns is generally true, but requires some modification for the cervical and dorsal regions. It is applicable to descending branches of the roots also. The relative position of ascending fibres of roots, as far as known, will be considered. Descending exogenous fibres in the cervico-dorsal region occupy the position of the comma tract of Schultze in part of their course. The descending root fibres from lower dorsal, lumbar and sacral roots enter the septo-marginal tract in part.

Endogenous Tracts. — Cornu-commissural zone of Marie, comma tract of Schultze, septo-marginal tract (including the oval field of Flechsig and the triangular area of Gombault and Philippe), the descending tract of Hoche, and the postero-internal root-zone of Flechsig, will be considered. It will be shown that they are not purely endogenous, but contain exogenous fibres also. The endogenous fibres of the cornu-commissural zone are short, and degenerate upwards. Those of the comma tract degenerate downwards for several segments. Those of the septo-marginal tract are derived from segments as high as the eighth cervical, and degenerate downwards. The postero-internal root-zone is mainly composed of root fibres of indeterminate length, which enter it horizontally in the sacral and dorsal regions, and in the lumbar and cervical regions pass obliquely upwards into it.

The areas of Flechsig will be considered.

II. The pathological changes in the posterior columns considered in relation to the diseases which involve them.

(a) *Progressive Muscular Atrophy of the Charcot-Marie Type*.—Sclerosis in posterior columns throughout the cord (with the exception of the sacral region), involving the columns of Burdach, and to a lesser extent the columns of Goll, leaving a healthy zone along the posterior commissure and posterior cornu, and partially also in the postero-internal root-zone. Lissauer's tract generally involved in the sclerosis. Posterior roots degenerated.

(b) *Cerebral tumors* frequently produce degenerations in the posterior columns, sometimes interpreted as due to retrograde degeneration from the nuclei of the columns. These are probably due to ascending degenerations of one or more roots which have been injured at the point of their entrance in the cord, either through tension produced in the leptomeninges by accumulation of cerebro-spinal fluid or by the action of toxins on the vulnerable point of Redlich and Obersteiner.

(c) *Syringomyelia*.—Affected areas are: (1) behind the posterior commissure; (2) along the posterior median septum; (3) a narrow steep between Goll and Burdach's columns. The lesions are probably due to a direct extension from the gray matter, and not to secondary degeneration from involvement of trophic centres within the gray matter. Destruction of these areas, however, may produce secondary degeneration.

(d) *Friedreich's Ataxia*.—The lesion is a sclerosis in the posterior and antero-lateral columns. So far as the posterior columns are concerned, this sclerosis is most marked in the lower dorsal regions, and diminishes upwards and downwards, being practically absent in the sacral region, and ceasing entirely at the nuclei of the posterior columns. The sclerosis presents an exuberant growth of neuroglia, usually arranged in whorls and in interlacing fasciculi. It involves the greater part of the column, with the partial exception of the cornu-commissural and the septo-marginal tracts. The pia-mater is usually normal, and the vessels show slight or no thickening. The posterior roots show a similar change, with various stages of attenuation and demyelination of their fibres. Changes in the sensory peripheral nerves and atrophy of the posterior root ganglia suggest that the nature of the process is a primarily imperfect development of the

sensory neuron, with subsequent degeneration and secondary increase of neuroglia.

(e) *Combined Sclerosis of the Posterior and Antero-lateral Columns.*—The term includes several groups of diseases which agree in the simultaneous degenerations and sclerosis of these columns (these changes being not, however, accurately limited to definite systems), but which differ from each other in their clinical course and in their etiology. The most important diseases are pellagra, ataxic paraplegia (Gowers) or ataxo-paraplegic tabes (Dejérine), combined system degeneration of German authors, the combined degeneration in grave anemia, subacute combined degeneration recently described in England, etc. It is certain that all these titles do not indicate distinct morbid entities.

In pellagra the sclerosis, according to Tuczek, affects chiefly the column of Goll and the middle root-zone, and spares relatively the cornu-commissural and the septo-marginal tracts. The roots, according to Tuczek, are healthy; according to Babes they are degenerated. Both these observers regard the sclerosis as the result of the destruction of the nerve fibres by the direct action of some toxins. It has also been regarded as secondary to a degeneration of the endogenous fibres due to vascular changes in the gray matter.

In ataxic paraplegia the lesions resemble those of subacute combined degeneration, but the disease differs from the latter in its much more prolonged course.

The degeneration of the columns in grave anemia seem to be the same as those described by Rothmann as combined system-disease, and by Russel, Collier and Batten as subacute combined degeneration. The lesion is most marked in dorsal and cervical regions. It affects mainly the middle root-zone in the lumbar region, and in the cervical and dorsal chiefly Goll's columns. The area near the posterior commissure and the posterior cornu, and in the lumbar region, that next the septum, are spared. The fact that the degeneration spreads round the periphery of the cord irrespective of systems, and that the posterior roots are spared and the membranes healthy, indicate a vascular origin to the process, which is probably of toxic nature. In anemic cases the cord change is probably not the result of the anemia, but due to its cause.

THE DIFFERENTIAL DIAGNOSIS OF ORGANIC AND HYSTERICAL HEMIPLEGIA.

BY DAVID FERRIER,

Professor of Neuro-Pathology, King's College, London.

Hysterical hemiplegia may simulate hemiplegia due to organic cerebral disease, and there is scarcely a single symptom uniformly present sufficient of itself to enable one, off hand, to differentiate the one from the other.

A correct diagnosis is, however, in most cases possible, and this depends on a consideration of several factors, of which the more important are the following:

1. The personal and family history.
2. The mode of onset.
3. The characters of the paralysis.
4. The course and termination.
5. The state of the superficial and deep reflexes.

(a) The personal and family history.

Hysterical hemiplegia, like organic hemiplegia, may occur at all ages. The subjects of hysterical hemiplegia are individuals, male and female, of neurotic inheritance, and of the so-called hysterical temperament and who have either been previously liable to hysterical attacks or exhibit some of the permanent stigmata of hysteria, such as zones of hyperesthesia or anesthesia, or complete sensitivo-sensorial hemianesthesia of the recognized type (Charcot).

The subjects of organic hemiplegia are (apart from traumatism, or autochthonous intracranial lesions) those predisposed by vascular, renal, or cardiac disease to cervical hemorrhage, embolism or thrombosis, of the existence of which it is generally possible to obtain evidence by careful clinical investigation.

(b) The mode of onset.

Hysterical hemiplegia occurs most commonly after some great nervous disturbance, such as emotional shock, or after an epileptiform or apoplectiform attack (so-called hysterical apoplexy) simulating cerebral hemorrhage. But hysterical apoplexy is probably only a phase of the grand hysterical attack, and differs from true apoplexy *inter alia* in the absence of disturbance of the circulation, respiration and temperature.

(c) The characters of the paralysis.

In hysterical hemiplegia the upper and lower extremity may be

more or less completely powerless and flaccid, but the face is rarely so. Such affection of the face as occurs is usually of the labio glossal spasmodic type (Charcot) on the same or the opposite side. The leg is usually more affected than the arm, and in walking the paralyzed leg is dragged like an inert mass, and not circumducted as in organic hemiplegia (Todd's symptom).

In the majority of cases hysterical hemiplegia is associated with complete sensitivo-sensorial hemianesthesia. In organic hemiplegia accompanied by hemianesthesia from lesion involving the sensory tracts of the internal capsule, the loss of sensation is rarely profound, the special senses of hearing, smell and taste are rarely impaired together, and when vision is affected it is usually in the form of hemianopsy, and not of crossed amblyopia with concentric contraction of the visual fields, as in hysteria.

Hysterical monoplegia not infrequently follows local traumatism after a longer or shorter interval (Charcot), and differs from cortical monoplegia in its absolute restriction to one limb, or one segment of this limb, and in the association of the motor-paralysis with anesthesia, which is morphological in character (Charcot) and does not correspond to the peripheral distribution of any sensory nerve or posterior root of a spinal segment.

(d) Course and termination

Hysterical hemiplegia (monoplegia) may last an indefinite time, and continue of the same flaccid character throughout. In organic hemiplegia of more than three months' duration, late rigidity or contracture occurs in the paralyzed limbs and gives place only to muscular atrophy. This contracture sets in gradually and never develops suddenly, as in hysteria.

Hysterical hemiplegia is liable to great variations, and may at any time suddenly cease.

(e) The state of the superficial and deep reflexes.

In hysterical hemiplegia the deep reflexes are not necessarily altered, and true ankle clonus is rare; whereas, in organic hemiplegia the deep reflexes become unavoidably exaggerated, and ankle clonus is the rule.

In hysterical hemiplegia the plantar reflex is usually absent or difficult to obtain. If it can be elicited, it is of the normal "flexor" type. In organic hemiplegia (and in all lesions of the pyramidal tracts) the plantar reflex is of the "extensor" type (Babinski's symptom—*phénomène des orteils*).

THE PATHOLOGICAL ANATOMY OF IDIOCY.

BY G. E. SHUTTLEWORTH, M.D.,

Formerly Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles, Lancaster; and

F. BEACH, M.B., F.R.C.P.,

Formerly Medical Superintendent of the Darenth School for Imbecile Children, Dartford, Kent. Now Physician to the West End Hospital for Nervous Diseases, London.

As far back as the time of Hippocrates the physical characteristic of idiocy were noticed. In the first volume of the English translation he speaks of the Macrocephali, who were in the habit of producing cranial deformatur of the head. Pliny, too, in his "Historia Natura," mentions the Macrocephali, and Tulpus (*Observationes Medicæ*) has a chapter on hydrocephalus, which he had seen associated with idiocy. Willis, in his "Collected Works," in the part dealing with the anatomy of the brain (English edition) describes and figures the brain of a young man, completely imbecile, the size of whose brain was scarcely one-fifth of that of an ordinary man (microcephalus). Pinel (*Traité Sur l'aliénation mentale*) also describes and gives illustrations of two cases of microcephalus, and Gall and Spurzheim in their atlas accompanying their *Anatomie et physiologie du système nerveux en général et du cerveau en particulier* give plates not only of microcephalic heads and crania, but of hydrocephalic crania, in one case of a cretin, in the other of an imbecile child.

The above remarks have reference to the size of the head. As regards the form, bony deformations are noticed by Meckel in *Mémoires de l'Académie de Berlin*, published by him in 1760.

With respect to *conformation*, Tulpus (*Observationes medicæ rariores*) remarks that the convulsions are less numerous, and Malacarne (*Encephalotomia nuova universale*) states that the lamellæ of the cerebellum increase or diminish according to the development of the intelligence.

As regards the *organisation*, Meckel (1760) remarks that in idiots there are dryness and hardness of the cerebral substance, and Bonnet and Haller report tumors and ulcerations in the brain and cerebellum. Finally, Esquirol (*Des maladies mentales*) notices that the convolutions are small, atrophied, compact, and thin, and that the lateral ventricles are of small capacity.

Apparently the first observers dwelt most on the size and shape of the head as causes of idiocy, the structure of the brain being noticed at a later period.

Coming now to recent times, we find that modern authors are of opinion that pathology and classification are mutually interdependent. According to this view we have classified the anatomopathology of idiocy under three chief heads, viz.: I. Congenital formative defects; II., developmental cases; and III., acquired cases.

Under the first head we place: (1) microcephalus; (2) hydrocephalus; (3) scaphocephalus; (4) mongol imperfections of the osseous, cutaneous, mucous, and in some cases cardiac tissues; (5) neuropathic genetous cases, in which the convolutions are coarse and simple, or are small, slender, and curling (microgyry; (6) amaurotic genetous cases; (7) sporadic cretinism, due to defective structure or absence of the thyroid gland; and (8) partial local defects, such as defect of the corpus callosum, or porencephalus.

Cases illustrating some of the foregoing types have been reported by us and by Marshall, Ireland, Telford-Smith, Vogt, Otto, Schroeder von der Kolk, Bruce, d'Astros, Jastrowitz, Hammerberg, Klinke, Sachs, Koplik, and Kingdom, assisted by Risien Russell.

Under the second head we include: (1) eclamptic cases, with hemorrhagic or inflammatory lesions; (2) epileptic cases, the views of Bevan Lewis, Andriezen, Batty Tuke, and Echeverria being given; (3) syphilitic and juvenile general paralysis cases, the opinions of Clouston, Mott, and our own being quoted; and (4) paralytic cases, in which there are degenerative changes in the vessels of the brain, or in some cases atrophy of the brain. These cases may be due to birth palsy, to palsy coming on after whooping-cough, or to inflammation. The opinions of Schroeder von der Kolk, Freud, Telford Smith, and of ourselves, are given.

Under the third head, are comprised: (1) traumatic cases, due to pressure on the head during labor, owing to abnormal narrowness of the pelvis, prolonged labor, or less often the use of the forceps, and produced by accidents; (2) post febrile inflammatory cases; under this sub-head is placed hypertrophic idiocy, a monograph on which subject has been published by one of us; and (3) sclerotic idiocy, a disease first described by Bourneville in 1882. The changes in the brain observed in this disease were noted by Dr. Wilmarth in 25 out of 100 cases, and have been

noted frequently by one of us (Beach), who not only described the changes already observed, but also hyperemia, softening tumors, and disease of the membrane of the brain; asymmetry of hemispheres and convolutions; alteration in relation of grey to white matter of brain; simplicity of convolutions, thickening of the arteries, thrombosis, disease of the cerebellum and spinal cord, and anomalies of the convex surface and base of the cranium in Tuke's "Dictionary of Psychological Medicine," 1892.

The microscopic appearances of idiocy have been observed and noted by one of us, and by Beven Lewis, Andriezen, Mierjewski, Hammarberg and Bourneville.

A New Home for J. B. Lippincott Company.—An important transaction has just been concluded, by which a number of old-fashioned dwelling houses on East Washington Square have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by J. B. Lippincott Company, whose old home on Filbert Street, above Seventh, was burned down some months ago. Possession is to be given by September 14th, and it is expected that the demolition of the old structures will begin soon after. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central, and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsomely illustrated with excellent portraits of many of America's leading medical writers.

Many historic recollections cluster about the properties just sold. They stand on the ground once occupied by the old Walnut Street Prison, built before the Revolution, and in which during the struggle the English confined American prisoners during the former's occupation of Philadelphia.

CASE OF ULCERATIVE COLITIS.

BY T. J. BIGGS, M.D., STAMFORD, CONN.

Geo. H., aged 32, American. Diagnosis: ulcerative colitis. The patient was admitted to the hospital May 2d, 1900; had been a sufferer for some three months, and during that time was under the care of a rectal specialist in New York, but in spite of this got no better and the condition steadily grew worse. He said that at the time of the beginning of the condition it commenced with a slight diarrhea, loss of appetite, nausea, and a slight continuous fever. At the end of a week he began to have considerable pain on pressure along the transverse and descending colon, also tormina about the umbilicus, burning pain in the rectum, with the sensation of the presence of a foreign body, and a constant tenesmus. He said the stools for the first few days contained more or less fecal matter, but they soon changed to greenish, tough, transparent mucus, containing some blood and pus. During the tormina nausea and vomiting were present; the urine was scanty and highly colored; and the number of stools ranged from five to twenty in the twenty-four hours. At the end of a week, he said, he was so weak that he could not leave his bed.

On entering the hospital he was greatly emaciated and so weak that he had to be carried from the ambulance to his bed. Examination shortly after his entrance showed the presence of a mild general peritonitis, which was chronic in form. He had been living on peptonized milk and various other prepared foods, but was able to retain but very little of it, and what he did retain distressed him greatly and gave him but feeble nourishment. His temperature was 101.5°; pulse, 122; microscopic examination of the blood showed only 150,000,000 red cells to the cubic millimetre, with a greatly decreased quantity of hemoglobin and an increase in the white cells.

The patient was put on bovine, half a teaspoonful in lime water every hour. Also a rectal injection of bovine, 1 ounce once in twenty-four hours, the object of this high injection being two-fold: first, to bring about a reparative process of the mucous membrane of the bowel, and to render the lower part of the tract aseptic. He began to improve almost from the first. This treatment was continued up to May 7th, when the quantity of

bovine was increased to two teaspoonfuls every hour, in sterilized milk and lime water. The rectal injections were given once in forty-eight hours, and two ounces employed instead of one.

May 12th, the bovine was increased to a teaspoonful every two hours and the rectal injections reduced to an ounce again, and employed every third day. At this time he was free from pain; the peritonitis had subsided, temperature was normal, pulse 99, evacuations were about three to four in 24 hours, not painful, containing no blood or pus, but some mucus. He had a desire for food, and when allowed some light and easily-digested diet retained it without any inconvenience and seemed to relish it.

On the 20th, the bovine was increased to a wine-glassful every two hours, and rectal injections of bovine pure were employed once in 24 hours.

On the 25th he was up and about, feeling, as he expressed it, "first-rate;" had gained some nine pounds in weight, color was good, pulse and temperature normal, defecations two in 24 hours, no pains, slight trace of mucus. He was allowed a light general diet, and the bovine continued as before.

On June 1st he was discharged, cured.

This case I deem of especial interest, for it was a well-defined case of ulcerative colitis in an advanced stage, and had resisted the most approved methods of treatment. Under the blood treatment, it began to improve from the very first, and went on to an absolute cure without a single interruption.

It gives me great pleasure to highly commend this most valuable preparation in the treatment of all these chronic bowel conditions. I have seen old rectal ulcers that had resisted all treatment heal rapidly, and within a comparative short space of time. Another thing of great interest is that the mucous membrane when treated with bovine seems to be absolutely restored to normal, leaving not the semblance of a cicatrix. There is no danger of a ptomaine poisoning from the bovine, as it is an absolutely sterile preparation, the nutritive principles being rapidly absorbed, so that within an hour after their application, nothing is left at the site of the application but the antiseptic principles and immediate topical nutritive effect of the preparation.

NATURE OF TENDON-REFLEXES.

BY SHERRINGTON, LIVERPOOL

Two distinct sets of phenomena are included under this name:

1. True spinal and spino-cerebral reflexes from tendons.
2. Pseudo-reflexes commonly known as tendon phenomena, or by British and American writers as "jerks."

The former, *i. e.*, No. 1, are easy of explanation. The tendons of muscles, long ago recognized by Bichat as capable of affecting sensation, contain the end-organs of afferent nerves. These are the end-organs described by Golgi, by Ruffini, and others. These organs can be excited by mechanical means; probably mechanical strain is the stimulus which is their normal and adequate mode of excitation.

The true tendon-reflexes are not so much importance to clinical medicine as are the pseudo-reflexes (tendon-phenomena, "jerks").

The latter, *i. e.*, No. 2, are typified by the "knee jerk." An objection to calling them "tendon-phenomena" is that the tendon is not essential to the phenomena. That they are not true reflex is shown by the time of the latency of the reaction being so brief as to exclude the possibility of reaction through a nerve-center. The "jerk" is a direct response by the muscle to sudden mechanical strain. It is only when the excitability of the muscle is great that this direct response can be elicited from it. When the muscle is cut off from the spinal motor neurons which innervate it its excitability falls too low for the response to be possible. When the afferent spinal roots connected with the spinal tonus of the muscle are severed the excitability of the muscles also falls too low for the direct response to a sudden mechanical strain. There is therefore necessary for the "jerk" the maintenance of the spinal tonus of the muscle. The reflex arc on which the spinal tonus of the muscle depends is composed of the afferent nerve-fibres coming from the muscle (*vasto-crureus*, in the fall of the "knee-jerk") itself, and of the motor neurons innervating that muscle. The activity of that reflex arc can be exalted or inhibited by the activity of various other spinal and spino-cerebral arcs. Removal of the cerebral hemispheres leads immediately to very great exaltation of the tonus of the *vasto-crureus* muscle, traceable to exalted activity of spi-

nal neurons innervating that muscle. The knee-jerk is then much exalted so that a rhythmic series of jerks may follow a single tap on the patellar tendon.

On the other hand, the activity of spinal motor neurons innervating the *vasto-crureus* may be depressed by exciting activity of the motor neurons which innervate the antagonistic muscles, the flexor muscles of the knee. The activity of these motor neurons of the flexors of the knee is habitually associated with some degree of inhibition of the extensor muscles of the knee. The most easy spinal reflex to obtain in the hind limbs by excitation of the limb itself is flexion of the limb at knee and at hip. Hence an easy way of causing inhibition of the knee jerk is to excite a reflex movement of the hind limb from some portion of the limb because the flexors of the knee are brought into play and the activity of the motor cell of the extensors is then partly or completely inhibited. The inhibition can be peculiarly obtained by stimulating the flexor muscles themselves, *e. g.*, semi-membranosus.

Lepers in France.—It is estimated that there are about four hundred lepers in France, many of whom are missionaries and nurses who have contracted the disease caring for sufferers in distant countries, and also soldiers and officials from the colonies. They are now scattered about in Brittany, in the Pyrenees, on the shores of the Mediterranean, and in Paris, where there are one hundred and fifty. A committee has been formed at the instigation of Dom Santon, a member of the Benedictine community of Liguge, and also a doctor of medicine, to further measures for the care of lepers in France, and to prevent further spread of the disease. Dom Santon has studied leprosy for a number of years in the course of his travels about the world for this purpose, and his plans to deal with the disease in France have received the approval of the French government. He has acquired property in the Vosges, where he purposes to establish an asylum for lepers, to be called the St. Martin Sanatorium.—*Cleveland Med. Gazette.*

CORRESPONDENCE.

QUERY?

Why should the American Medical Editor make so much ado over the extravagant expression of opinion of the *foreign-American*—at the International Medical Congress? Jacobi-ism nor Oslerism is real representation of American medicine. Unjust criticism and fullsome compliment are alike false to us.

Is there no American to represent us at a European Congress?
New York.

ALBERT S. ASHMEAD, M.D.

The Slipperiness of Latin.—The drawback to using Latin phrases when writing English is well illustrated in a recently-published article in which the author uses the expression “keeping the parties in situ” to indicate—as he thinks—that the parts should be kept in sight!

While all physicians are presumed to possess at least the rudiments of a Latin education, it is a fact that very few of us are competent to correctly put together three Latin words. That it is really dangerous to experiment with an unknown tongue—especially when writing for a scientific audience—is very forcibly indicated by the amusing blunder and wholly unconscious pun that we have quoted above. The English writers who are exemplars of good taste are very careful always to use by preference good English words and phrases, because the borrowing of Latin expressions savors of seventeenth-century pedantry. So, too, in the case of Latin and Greek words that have been by time and usage completely anglicised, it is cumbersome and useless to cling to the terminations of the foreign plurals. It is perfectly proper, then, to write *axillas*, *fossas*, *sarcomas*, *carcinomas*, etc., rather than the forms that, in scientific writing at least, savor somewhat of affectation, as *axillæ*, *fossæ*, *sarcomata*, *carcinomata*, etc. This is particularly true in the numerous instances in which the terminal ligature of the Latin plural is split up by the writer and printer so as to read *fossae*, *axillae*, etc.—*Cleveland Jour. of Med.*

ST. LOUIS

Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
Editor and Proprietor.
No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

VOL. LXXIX.

OCTOBER, 1900.

No. 4.
Whole No. 718.

SUBSCRIPTION RATES.

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EDITORIAL.

MEDICINE AS A PROFESSION.

Beyond all peradventure of a doubt there is no nobler profession than that of the practice of medicine. But is it looked upon in its true light? Is it not rather regarded as an occupation which can be learned in a shorter time and will yield more lucrative results than a trade and not entail as much work? This must evidently be the reason for the large number of aspirants to the degree of M.D., which in this country at least carries neither weight nor honor with it, nor confers upon its holder the respect which should be a necessary appenage. It is an unfortunate truth that medical colleges have fallen to such a degree that they are looked upon as mere diploma mills, and when they make a boast of the number of graduates they launch forth every year it leads thinking people to look into the matter more seriously. It has been stated by many who know no better, that American diplomas would not be recognized by European governments by reason of their jealousy of the Americans and fear of their superior attainments. Of course, no sane person would ever take this

seriously, in view of the fact that American medical graduates are continually flocking to European medical schools for the purpose of perfecting themselves in their studies and of really learning those things either entirely unconsidered or but superficially taught at home.

This of course does not mean that a thorough knowledge may not be gained here; but the schools which stand pre-eminent are few and well known. But it is not of the teaching of medicine that we desire to speak, for the changes have been rung upon this subject *ad nauseam*. What we desire to speak of is medicine as a profession, and this may be considered from several points of view. In the first place, considered purely as a profession, what is its standing? This can be very readily surmised when we consider the fact that a physician is called "doc." Take the legal profession or the engineering, or those of analytic chemist, or the army and navy, and each member will be found to be always treated with that respect and deference to which his profession entitles him. There is never any undue familiarity, showing the opinions of such are regarded as valuable, and the utmost courtesy is always shown to them. Some members of the medical profession have shown too much familiarity with the general public, and as a natural consequence this has only served to beget contempt which is but ill-concealed, if concealment has ever been attempted.

In the second place, whilst medicine offers perhaps the largest field for study offered by any profession, it is the one in which the few do the work for all. Consider the number of those practicing medicine and look at the number who study seriously and write things which live, and the proportion is astounding. The excuse of some is that they cannot write—on its face an *argumentum in formâ pauperis*. Others are too lazy and many too ignorant. The workers are continually furnishing the honey which the drones as rapidly devour. Lack of ambition manifests very early in a majority of physicians, and if they but earn a livelihood they are satisfied without making exertion, to do better. This is certainly not a proper spirit to cultivate, and their inertia is soon noted and leads to a simple course of starvation from the door and nothing more.

Finally, we have the class whose only desire is to make money. The members of this will stoop to any subterfuge, will deceive

and will commit what the decent part call crimes for the mere purpose of adding to the store of their ill-gotten wealth. There are too many examples of this sort to need any specifying on our part. They are known to every member of the community, and it is a matter for wonder that so many gulls should still continue to bite at the bait. Our words may seem strong to some, but they are in reality mild and hardly touch the raw part of the festering ulcer. In another direction we find the physician who further degrades the profession of which he is an unworthy member by lowering his fees below even starvation rates. He caters to the tenant trade, and in order to make himself still more popular he furnishes medicines or sells them at exorbitant rates. The choice is governed by his need of money. All that is necessary for this is whiskers—a serious expression, and a job-lot of tablets of more or less doubtful origin and freshness. And these are the ones who loudly proclaim themselves the exponents of the medical profession.

Our readers will please not look upon us as trying to pose as a pessimist. We have merely touched upon some of the glaring evils which the law has not yet touched, and is not likely to for quite some time to come.

CREDIT TO WHOM CREDIT IS DUE.

In the February issue of the JOURNAL there appeared an original article on the successful removal of tattoo marks by the use of papain and an abstract thereof appeared in the *Monatschrift fuer Praktische Dermatologie*. This latter was published in the *American Therapist* for August. The astute editor in his critical and patronizing way comments upon it in this manner:

“The use of papain for this purpose is not new; it was recommended six years ago by a correspondent of the *American Therapist*. The above formula is practical.”

The sapient editor referred to was probably unaware of the fact that the author of the alleged literary filching had already published the matter over seven years ago and can justly claim originality for the method as well as for the practical application of the agent used. We would advise this editor to carefully scan his exchanges, not only for the purpose of getting his matter earlier, but also to avoid falling into pitfalls like the present one.

AN UNEXPECTED HONOR.

The JOURNAL has received the following communication:

UNITED STATES COMMISSION TO THE
PARIS EXPOSITION OF 1900.
PARIS, FRANCE, August 31, 1900. }

I have the honor to inform you that, in accordance with the official announcement of awards at the Paris Exposition of 1900, a Grand Prize was bestowed upon the exhibit of United States journals, publications and periodicals, and that you are therefore entitled to use this award of Grand Prize.

Respectfully yours, A. S. CAPEHART,
Director of Liberal Arts and Chemical Industries.

Women in the British Association.—Previous to the opening of the annual meeting of the British Association for the Advancement of Science, at Bradford, on September 5th, the general committee debated the motion of Prof. Hartop, that women should be admitted to membership in the association. Sir Henry Roscoe, vice-chancellor of the University of London, and others supported the proposition, but Sir John Evans, former president of the association, counselled caution. It was decided finally to admit women, making membership of the general association a precedent to election to membership in the sections.—*Medical Record.*

Tarnier's Monument.—The monument to the memory of Dr. Tarnier has caused considerable discussion among members of the hospital corps of Paris. The monument is a high relief in marble, and will be placed on the wall of the hospital where the celebrated surgeon held his clinics. The artist had represented the doctor as operating upon a patient, surrounded by a number of assistants, that were portraits of well-known specialists, hence the trouble. The dean, Dr. Brouardel, settled the contention by having the model changed so that Dr. Tarnier is assisted by three students whose features are not portraits. A scheme for perpetuating the memory of living specialists was thus defeated.—*Ex.*

MEDICAL PROGRESS.

MEDICINE.

The Physiological Effects of Extracts of Ductless Glands.—Dr. Richard E. Cunningham read this paper to the New York Academy of Medicine. He objected to the use of the ordinary desiccated extracts of the ductless glands, on the ground that there was good reason for believing that they were mixtures of various substances, and that the determination of the results from their use must necessarily be very unreliable. Much had been anticipated from the administration of the extract of the pituitary body in cases of acromegaly, yet the clinical results had been disappointing. He had personally been unable to observe the remarkable effects on the circulatory system from the ingestion of suprarenal extract, described by several observers. One would expect the best therapeutic results from the administration of suprarenal extract in Addison's disease, yet the cases so far published had not confirmed his belief. Of twenty-four reported cases that he had collected in which the suprarenal extract had been administered, not a single patient could be said to have been cured, though fourteen had been temporarily improved. Ten had been practically unaffected by the treatment. When the aqueous extract of the suprarenal gland was introduced into the blood-vessels, it caused a marked fall in the blood pressure, but if the colloid preparation of the extract of this gland was injected this lowering of the blood pressure was not noted.

Thymus Gland.—The thymus gland has been first introduced to the medical profession as a remedial agent in connection with the treatment of a case of pseudo-hypertrophic paralysis. In ten cases of exophthalmic goitre treated by him with dried thymus, only three could be said to have been even temporarily improved. The best results from the use of these extracts had been secured with thyroid extract. If large doses of the desiccated extract were given, the results would often be the development of symptoms apparently indicative of poisoning with the proteid bodies constituting the impurities of the extract. On the other hand, it would often be found that the same individual could take rather

large doses of iodothyryn without experiencing any such toxemia. The iodothyryn did not seem to be nearly so active as the colloid, from which it could be easily obtained.—*Med. Rec.*

Rabies in New York City.—Dr. Robert J. Wilson read a paper with this title to the New York Academy of Medicine. He deplored the tendency of certain physicians to deny the very existence of rabies, because this led students and young physicians to be careless in the treatment of animal bites. In 1898 there had been eight cases of death from rabies in the Greater City of New York; in 1899 two cases, and so far in 1900 one case. The disease might be said to be endemic in the borough of Richmond. Since January 1, 1897, the bodies of forty dogs had been received at the laboratory of the health department, four coming from one locality. Mild and superficial cauterization, or the application of antiseptics, was worse than useless. The best application was the actual cautery. Fuming nitric acid was about as good, but the wound left by it was slower and more troublesome in healing. Unless the wound was very insignificant it was better to administer an anesthetic in order that the cauterization might be thoroughly done. Such a procedure conferred protection in about ninety per cent. of cases. In all suspected cases the best treatment should be instituted whenever possible, and if this was done it would yield ninety-nine per cent. of successes. The shortest period for the Pasteur treatment was fourteen days, but it was often necessary to extend the treatment over a period of eighteen to twenty-five days. The injections were preferably given over the abdomen. The first few injections were quite painful, but it was possible for an individual who was not of a nervous temperament to take the treatment and still continue at work. There was absolutely no danger in the treatment itself, but it was not advisable to send the virus out from a central laboratory.—*Med. Rec.*

Is Scorbutus an Infectious and Contagious Disease?—H. Turner (*Archives Générales de Médecine*) says that in Russia, in 1899, during an outbreak of this disease, physicians were struck by the following facts which seem to point to contagion: The epidemic character of the malady; its presence in certain villages and its absence from other villages, not far removed, but having no communication with the first; the large number of per-

sons in easy circumstances attacked by the disease, who either were obliged to live in the midst of the epidemic or to come in daily contact with the sick. The author adduces a number of cases and facts which tend to prove that the disease is infectious, that isolation, even without special hygienic precautions, prevents its spread, and that salt meat and absence of vegetable diet are not the only causes. The microscope has not as yet discovered a specific agent for scorbutus, but it may do so with improved technique; and meanwhile there is every reason to isolate the patients. Writers of the sixteenth and seventeenth centuries thought the disease contagious. The Nansen party escaped it entirely, in spite of cold, insufficient diet, and absence of fresh food for sixteen months.—*Med. Rec.*

THERAPEUTICS.

An African Remedy for Dysentery.—The Kafirs and Zulus make use of the root of the geranium, of which there is said to be a number of varieties, all, however, of equal therapeutic efficacy, in South Africa, in the treatment of dysentery. They simply chew the root, but the British Army surgeons give it in the form of a decoction in milk. The remedy is reported by those who have employed it to be a real specific, no failure to cure within thirty-six or forty-eight hours being recorded.—*Medical Record.*

New Local Anesthetic for the Ear.—Aqueous solution of cocaine and eucaine having proved so unsatisfactory when applied to the tympanic membrane as anesthetics, the use of aniline oil and alcohol as vehicles, as first tried by Albert A. Gray, should prove a boon to aurist and patient, as paracentesis is stated to be entirely painless five minutes after the anesthetic is employed. Ten drops of the following preparation are injected into the external auditory canal and allowed to flow to the membrane:

| | |
|---------------------------------|----------|
| R Hydrochlorate of cocaine..... | 5 parts. |
| Dilute alcohol | 50 " |
| Aniline oil..... | 50 " |

M.

Granulations of the tympanum can also be removed painlessly, first cleansing and drying the parts before using the solution. In

case of thickened and hardened membranes, the following formula is more effective:

| | |
|----------------------------------|-----------|
| R. Hydrochlorate of cocaine..... | 10 parts. |
| Absolute alcohol..... | 30 " |
| Aniline oil..... | 70 " |
| M. | |

—*Med. News.*

Therapeutic Hints from the *Medical Record*:

Epileptiform Convulsions due to Auto-intoxication.—

| | |
|---------------------------|---------------------|
| R. Ext. chirettæ | gr. ij. |
| Leptandrin..... | gr. ss. |
| Podophyllin | gr. $\frac{1}{5}$. |
| Euonymin, | |
| Creosote (beechwood)..... | āā gr. ss. |

M. ft. pil. No. 1. Sig. One such after each meal.

—HARE.

Tooth Powder.—

| | |
|----------------------------|-----------|
| R. Pulverized cereal | 75 parts. |
| Sodium borate..... | 18 " |
| Potassium chlorate | 7 " |
| Saccharin..... | q. s. |

Flavor to taste.

—FLETCHER.

Seminal Emissions without marked erection.—

| | |
|--------------------------|--------|
| R. Strychninæ sulph..... | gr. j. |
| Ac. phosphoric dil. | ʒij. |

M. Sig. Gtt. xxv. in water after meals.

—B. K. TWITCHELL.

Smoker's Gingivitis.—

| | |
|-----------------------|---------|
| R. Salol..... | 1. |
| Tinct. catechu | 4. |
| Spt. menth. pip | ad 120. |

M. ft. lotio. Sig. Teaspoonful in half a glass of tepid water as mouth wash.

Hair Tonic.—

| | |
|----------------------------------|-----------|
| R. Pilocarpin. hydrochlorat..... | gr. v. |
| Ott. rosæ..... | ℥viij. |
| Ol. rosmarini, | |
| Lin. cantharidis..... | āā ʒiv. |
| Glycerini puri..... | ʒj. |
| Ol. amygdalæ dulc., | |
| Spir. camphoræ..... | āā ʒliij. |

M. Sig. Rub well in, morning and night.

—WHITLA.

Phthisical Cough.—

| | |
|-------------------------|---------|
| ℞ Codein | gr. iv. |
| Ac. hydrochl. dil. | ʒss. |
| Spir. chloroformi | ʒiss. |
| Syr. limonis | ʒj. |
| Aquam | ad ʒiv. |

M. ft. emuls. Sig. Teaspoonful at frequent intervals.

—MURRELL.

Amenorrhea in debilitated and anemic states.—

| | |
|--------------------------|-------------|
| ℞ Hydrarg. chl. corros., | |
| Sodii arsenit., | |
| Strych. sulphat. | āā gr. j. |
| Potass. carbonat., | |
| Ferri sulph | āā gr. xxx. |

M. ft. pil. No. lx. Sig. One after each meal.

—LUTAUD.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

A Contribution to the Statistics and Treatment of Umbilical Infection.—Theodor Escherich (*Wiener klinische Rundschau*) regards it as of great importance in preventing infection in infants by way of the umbilical wound, that the cord be cut close to the body and only a very short stump left. A second point is the omission of the full bath until the stump has dropped off. In his experience no untoward results have been noted, and the chances of infection are lessened. A suitable covering for the stump is difficult to devise, especially for use in institutions in which time and expense are objects. It should be easily and quickly removable and cheap. A form he recommends consists of a square of gauze fastened around the body by a pair of tapes and kept from slipping out of place by a third band passing around the neck. For inspection and renewal of the dressing it is simply necessary to undo the lower tape, and the flap may be lifted, uncovering the whole umbilical region. If the stump is long in dropping off or does not desiccate as it normally should, it furnishes a most favorable medium for the growth and development of infectious organisms. Simple amputation of such a remnant leaves an open wound which is also dangerous; hence the author advises removal of the persistent portion of cord with the Paquelin cautery. This disposes of the offending tissue and also seals the wound, which receives a dry dressing of iodoform.—*Med. Rec.*

Action of Bacteria on the Photographic Plate.—Percy Frankland (*Centralbl. f. Bakt.*) finds that ordinary dish cultures on gelatine or agar-agar—and more especially “streak cultures”—have a distinct action upon the photographic film, even at the distance of half an inch; and that when placed in immediate contact with the film in the dark, definite pictures of the growths may be obtained. This influence, probably due to the evolution of chemical volatile substances, cannot pass through glass; in the case of phosphorescent organisms, however, a distinct action through glass is noticeable. The writer thinks that this action of bacteria on the photographic film may vary in different species, and may thus become of importance in diagnosis. It remains to be seen whether other organized structures, vegetable or animal, can exert a similar influence.—*Brit. Med. Jour.*

A Case of Mould Infection in Man.—Ophüls and Moffit (*Public Health*) describe a mould parasite from the case of a farm laborer who died of an illness characterized by pleuritis and inflammatory swelling of the joints, with high temperature, cough, slight rigors, and profuse sweating. In the pus of various abscesses which were found after death, a number of protozoon-like bodies were identified, which appeared to correspond with the description given by others of a species of sporozoon coccidioides immitis pyogenes. From pus containing these bodies, however, a mould parasite developed on artificial media after forty-eight hours' incubation. After three subcultures had been carried out, a rabbit was inoculated with the mould. The rabbit was killed three weeks after the inoculation, and a number of small white nodules were found in the lungs and kidneys. No mould mycelium was present in the nodules, but there were a number of the protozoon-like bodies which had been found in the original pus. The authors conclude, therefore, that these bodies are not protozoa at all, but represent a stage in fructification of the mould parasite.—*Med. Rec.*

DISEASES OF WOMEN AND CHILDREN.

Placenta Previa with Twins.—M. F. Hussey reports the following to the *Medical Record*:

The case occurred in the practice of Dr. Peebles of Hardin, Ohio, June 28th, but as the latter had at that time a case of puerperal sepsis under his care, he referred the case without examination to me.

Mrs. T——, aged thirty-five years, is the mother of six living children, all of whose births were normal. She menstruated last on November 1, 1899. During the present pregnancy she was as well as usual, doing her own work. June 13th, without warning she had a slight hemorrhage. She gave but little attention to this, and next day resumed her domestic duties. On June 25th she had another hemorrhage, more severe than the last, but again the next day resumed her work. On June 28th, while she was in the garden, a severe bleeding started with so much severity as to cause her to take to bed and send for a physician. When I arrived I found her seemingly almost bloodless. There had been no hemorrhage for some little while before my arrival. Upon examination I found a marginal adherent placenta on the left side. I sent immediately for Dr. Peebles, with the request that he disinfect himself and hasten to my aid. I remained constantly with the patient until his arrival, during which time I had used my fingers as dilators, controlling the flow.

We pierced the placenta and ruptured the membranes. The head came down, stopping all hemorrhage. The birth of the first child was followed immediately by the breech of the second one, with but very little flooding. Both children were dead. The woman made an uneventful recovery.

Significance of the Stool in Infant Diarrheas.—Darnell (*Virginia Med. Semi-Monthly*) says that in infantile diarrhea from indigestion the movements are thin, yellowish or muddy-brown, offensive and perhaps accompanied by flatus. They soon become colorless and watery. The dirty, leaden-colored stool tells the tale of infected masses of imperfectly digested food. The green stool, acid in reaction, accompanied by colic, indicates too great a percentage of carbohydrates in the food; the passage resembles finely chopped masses of spinach or parsley, mixed with particles of undigested casein or fat. Most to be dreaded is the small, colorless, watery movement with here and there a small speck of light pea-green matter; it is often seen in marasmus. Mucus when present in abnormal quantities indicates an inflammatory condition of the bowel; if high up in the small intestines it is likely to be bile-stained; if in the colon or rectum it will contain jelly-like masses of mucus and will be voided with tenesmus. Another not uncommon condition is seen in the whitish or grayish-

white stools of putty-like consistency. The appearance is often very much like cigar ashes. Fischer states that these stools are composed largely of undigested fat; at any rate, there seems a total inactivity of liver function, since often no trace of the bile is found in the excretions. The constipated stool may be mentioned in passing. It is usually dry, pasty and lumpy, and the result mainly of an insufficient quantity of fat in the food.—*Medical Standard*.

Pultaceous Sore Throat in Children.—For pultaceous sore throat in children, Dr. E. Monmarson presents the following, which is said to be very efficacious:

R. Calcium permanganate..... gr. i-iiij.

Aquæ dest 3v.

M. Sig. For external use.

The throat is washed out with a very warm boric lotion every three hours during the day, and once or twice during the night. After each washing out the affected parts are painted with the above solution, care being taken to detach the false membranes, but without undue force.

On the second day there is said to be manifest improvement, and, in the majority of cases, the disease is said to be aborted; the use of an exclusively milk diet and the administration of a few doses of antipyrin completing the cure.—*Jour. A. M. A.*

SURGERY.

Surgical Hints.—In using alcohol as a stimulant it is well to remember that only comparatively small amounts should be given for this purpose, and that large doses are injurious by causing very temporary stimulation followed by depression.

Do not prescribe iron for anemic young women suffering from profuse menstruation, since, in these cases, the drug seems often to make the trouble worse. Arsenic is the most effective drug in those patients, while iron is indicated in those who suffer from anemia accompanied by scanty and poorly-colored menses.

It occasionally happens that a patient complains of dysmenorrhea, and that questioning elicits the fact that the pain every month is most pronounced upon the right side, sometimes pretty high up. In these cases examine the appendix as carefully as possible, as it will now and then be found to be inflamed, and to be the chief cause of the pain.

Hematuria, due to renal tumors, is commonly painless, starting and ceasing without appreciable cause, and is not usually affected either by rest or movement, although there seem to be exceptions to this rule. If hematuria be due to stone it is less abundant, and when caused by cystic neoplasms it is more constant and persistent than when the kidney is the source of the trouble.

Laparotomy is justifiable in cases of perforating gastric ulcer, if the surgeon is able to operate soon after the occurrence of the perforation. In good hands the operation is more successful than the adoption of an expectant policy. In gastric ulcers which have not broken through the stomach walls, exploratory operation and resection of the diseased area is advisable if the pathological condition grows progressively worse, notwithstanding medical treatment.

Any steady pain, continuing for a considerable length of time, must always lead to the suspicion of the existence of some distinct pathological process, which should be diligently sought for. Recurrent pains of varying degrees of intensity suggest nervous disturbances. A tendency to exaggeration on the part of the patient in describing pain and its effects, causing him to attach undue importance to certain subjective symptoms, should lead the surgeon to careful discrimination between the real and the unreal, both of which are of equal importance.—*International Journal of Surgery*.

DERMATOLOGY AND SYPHILOLOGY.

The Care of the Hair.—In serious illness the physician should vigorously oppose cutting off the hair, particularly in women, as the advantages are slight and the risk of unpleasant consequences great. The hair should be combed and brushed daily, unmindful of the amount of hair falling out, and once in two to four weeks the hair should be washed with the ordinary tincture of green soap. Once or twice a week it is well to rub into the scalp a pomade of precipitated sulphur of the strength of one drachm to the ounce of cold cream.—*Medical News*.

Some Fallacies as to Syphilis.—The recent discussions as to the supposed possibility of making a diagnosis between yaws and syphilis have revealed in many directions the existence of much misapprehension of facts as to syphilis itself. It may be

worth while, therefore, to devote a few paragraphs to an endeavor to clear the ground in this direction.

If we go back to the older writers we find authors such as Maxwell asserting, in conformity with the creed of their day, that a man might have syphilis many times, but yaws only once. Maxwell's words were: "Syphilis may occur frequently from distinct infections." In making this assertion he probably left out of sight the difference between infecting and non-infecting sores, and thus counted all venereal sores as syphilis. This view is supported by his statement in a preceding paragraph that "syphilis appears in six or eight days after contagion; yaws takes from six weeks to three months." We now know that although a venereal sore from contagion may appear within a few days of exposure, it is usually not a syphilitic one, and that the real period of incubation for syphilis, that preceding the constitutional symptoms, is exactly that assigned by him to yaws. Maxwell wrote in 1839, and after his time there arose the opinion that syphilis could occur but once in a lifetime. We now know that the truth lies between the two creeds—that most unquestionably second and even third attacks of complete syphilis may occur, but that they are comparatively rare. We know that a developed attack of syphilis does, like vaccination, confer a sort of immunity; complete and lasting in some cases, imperfect and transitory in others. We know that this is, to a considerable extent, a matter of individual peculiarity, and that it is possible in some persons for the interval of immunity to be exceedingly short. In some instances a hard chancre is auto-inoculable, and cases have occurred in which within a year of the first syphilis another well-characterized chancre has been acquired. It is, if we mistake not, exactly the same with vaccination, some persons being susceptible of successful revaccination after very short intervals. It is even so with small-pox itself, there being on record one instance in which a woman had six attacks of small-pox, and the last was so little modified that it proved fatal. Yet no one can doubt that respecting syphilis, vaccination and variola, the rule is that an attack is protective for a longer or shorter space of time. It appears to be just the same with yaws, for carefully-recorded observations of second attacks are available, and the most recent authority, Dr. Nicholls, is of opinion that the immunity conferred is not absolute and is impaired by time.

A fallacy respecting syphilis which appears to be very prevalent is to the effect that the full rôle of phenomena is to be expected in every case. Nothing is probably further from the truth. As a matter of fact complete cases are, perhaps, rather exceptional. The chancre may be omitted, or, in other words, it may wholly escape observation although carefully looked for. The bubo may be omitted, the sore throat may be omitted, and so may the eruption. Some observers write as if iritis were an ordinary feature of constitutional syphilis, and its absence in yaws is alleged as a means of diagnosis and proof of essential difference. Now the truth is that iritis is a very rare epi-phenomena of syphilis, and possibly does not occur once in 500 cases. Until the time of Lawrence—who to the knowledge of general surgery joined that of a specialist as one of the Moorfield's staff—no one of the many who had studied syphilis had ever associated iritis with that disease. The ulcers in the tonsils, which are so common and so well known in the secondary stage of syphilis, are by no means constantly seen. Their occurrence depends probably upon the proclivities of the individual, the climate, and the weather. Possibly not more than half the subjects of secondary syphilis in England ever show any affection of the tonsils or the mucous membrane of the mouth. We speak of patients not treated by the early use of specifics, for of those who are so treated the proportion who have sore throats is certainly far less. It is difficult in these days of the all but universal employment of mercury to collect data illustrating the natural course of syphilis when not interfered with. Under modern methods of early and continuous employment of mercury, eruptions on the skin are but very seldom seen, and never in any severity, but it is probable this omission occurs also not seldom quite independently of anti-dotal treatment.

We must note another most important fallacy in the assumption that erratic chancres, that is, those situate on some part other than the genitals, are usually well characterized and easy of diagnosis. The fact is that they are just the reverse. Mid-wifery chancres on the fingers of medical men are so misleading in appearance that they are scarcely ever diagnosed until the eruption makes its appearance. On other parts of the skin they are yet less likely to excite suspicion. Characteristic induration is a condition met with only exceptionally on any other part than

the genitals. As is well known in the female sex it is not often present even on the genitals. Sores on the skin which may prove introductory to syphilis, that is, which are primary chancres, may be of very insignificant appearance, and of very short duration, or, on the other hand, their very magnitude may be the misleading feature. As a rule, certainly no diagnosis of such sores is ever made, or even suspicion excited, until the constitutional symptoms have appeared. Now in the case of yaws the supposition is that the primary sore is always on the skin at some part distant from the genitals; what wonder then that it should frequently be overlooked, and that when recognized it should escape diagnosis as a chancre.

The last fallacy which we will mention is the notion that the subjects of syphilis are always seriously ill. As a matter of fact many pass through all the stages of constitutional affection and suffer next to nothing. Nor most certainly is this always to be credited to the effects of treatment. The disease is one which may fall with terrible severity on one victim and leave another almost unhurt.—*The Polyclinic*.

GENITO-URINARY DISEASES.

Impotentia Virilis.—The chief symptoms to be combatted are those arising from the male genitals causing the neurasthenia so often witnessed in this affection. Chief among these symptoms are premature ejaculations, weak erections, pollution, spermatorrhea and prostatorrhea. Very frequently two or more may be combined. Zabłudowski describes the therapy of these affections in the *Berl. klin. Woch.* (August 13, 1900). Most of the afflicted patients could refer their troubles back to masturbation and other abuses and perversities in *venere*, while others laid the blame on early gonorrheic processes. In a few cases the cause could be traced to long-continued local treatment of gonorrhea, such as bougies, electrodes, cold sounds. Enuresis diurna accompanied many of the cases. Hypochondriasis was invariably present, especially marked on those days in which defecation was absent. The chief method used in treatment was the systematic massage of certain parts of the genital regions followed by massage of smaller and larger portions of the entire body. The object is to stimulate the entire vasomotor system, increasing the tone of the blood-vessels. The self-reliance of the patient is also favor-

ably influenced by this treatment. The technic is as follows: The patient, lying on his back, has each of his testicles gently manipulated by the operator. Care must be exercised never to grasp either testicle at opposite points, for in that case pain is caused. Then the manipulation gradually extends along the spermatic cord and also along toward the bulb of the urethra and the perineum. Finally, the inner surface of the thighs is massaged. In various positions of the patient, *i. e.*, while lying on his side or on his abdomen, all these processes are carried out. Then follows massage of the lumbar and sacral regions carried out by means of pummeling with the fist, although not too severely. Then pressure and massage along the occipital, cervical and intercostal nerves follow. In all these manipulations the most time and care are necessary where painful areas are located. It has been found that, after the simplest palpation in the genital regions carried on through a few sittings, the sensitive areas become greatly diminished, and that the atonic condition of the skin, which had easily broken out in clammy perspiration before, became sounder and more elastic. The resisting power of the muscles likewise increased. During treatment it is advisable for the patient to abstain from attempts at cohabitation for about six to eight weeks. The patient may exercise by walking, wheeling, swimming and riding horseback. With great nervousness combined with loss of weight, a short while in bed is advantageous. Change of scene is also advisable. Douches every morning with water at the temperature of the room keep the skin in good active condition. In cases of nocturnal pollution it was also found advisable to change the hour of the evening meal and also decrease the quantity of fluids taken before retiring.—*Med. News.*

"Floaters" in the Urine.—From examinations and experiments with fifty samples of freshly voided gonorrheal infected urine, Bernart concludes as follows:

1. The specific gravity of the urine is a prominent factor in the action of floaters.
2. The elements composing the floaters influence their action.
3. Their suspension at different depths in the urine is greatly due to some mechanical interference.
4. Upon filtration of the urine all but the very lightest floaters, those composed of flocculent mucus, will sink to the bottom of the beaker.

5. The action of floaters does not alone depend upon their composition or the specific gravity of the urine.

Since the difference in the length of the infection and its extent, and the influence of treatment, did not show a marked degree of difference in the results of the foregoing experiment, it is but fair to judge that some substance within the urine, which can be removed by filtration, influences the action of floaters and their diagnostic value.—*Med. and Surg. Monitor.*

ORTHOPEDIC SURGERY.

Five Cases of Complete Forward Dislocation of the Knee Joint Occurring Simultaneously.—Dr. E. V. Eames reports the case of five miners who, with thirteen others, were in a cage which fell sixty feet to the bottom of a colliery shaft. All five suffered from complete forward dislocation of one knee joint, due possibly to the position in which they were standing when the cage struck, *i. e.*, with legs straight and backs and shoulders bent. The dislocations were reduced under anesthesia, and all recovered the use of the leg.—*N. Y. Med. Jour.*

The Beginnings of Coxitis.—M. P. Desfosses (*La Presse Médicale*) says the early signs of pain in the knee and crying at night, with an intermittent halting gait, should not be overlooked. A halting gait in a child of more than a year of age is significant. Below this age there is a lagging behind of the affected member when flexion is practiced. In the lying position one leg may appear smaller than the other, and muscular atrophy may be demonstrated. A slight glandular enlargement may affect the inguinal glands of the diseased side. If both limbs are healthy, a child lying recumbent upon a hard surface can easily extend both legs; if on one side there is a beginning coxitis, the diseased thigh will remain flexed upon the pelvis, the leg upon the thigh. A lordosis will appear when both legs are extended, if one side is diseased. Pain will be elicited upon deep pressure in Scarpa's triangle just outside of the region where the beating of the femoral artery is felt. This is the seat of pain complained of by the patient when the trochanter or the flexed knee is percussed. Treatment must be begun at once, and consists mainly in continuous extension and the wearing of suitable shoes.—*N. Y. Med. Jour.*

OPHTHALMOLOGY.

Glaucoma in Myopia.—Before the Section of Ophthalmology of the College of Physicians of Philadelphia, Dr. John T. Carpenter read a paper on glaucoma in myopia, with report of two cases. In one, a woman, aged 57, there was shallow anterior chamber, pigment spots on the lens capsule, and adhesive inflammation at the lower inner quadrant of the filtration angle. $T. + 2$. $V. = \frac{1}{12}$, under correction of myopia astigmatism. Esarine checked disease for over a year, but patient disappeared and later returned totally blind. The myopic astigmatism was regarded as only a coincidence of the glaucomatous process. The second case was a man, aged 39, with no marked choroidal changes, contraction of nasal field and an annular scotoma, deep anterior chamber, little if any rise in tension, but deep glaucomatous excavation, and at one period spontaneous hemorrhage into the cup. $V. = \frac{1}{3}$ with $- 6.50$ S. As the peripheral field was gradually failing, iridectomy was performed with good results. The development of the glaucoma was believed to be due to the same cause which produced the myopia—the tension causing elongation of the eyeball and progressive myopia; while the unusually small cornea indicated that the eye had originally been hypermetropic. With the advent of sclerotic changes, and a halt in the yielding of the ocular tunics, there occurred glaucomatous pressure upon the nerve-head and the formation of excavation.

A Cured Retinal Detachment; with Remarks on Retinitis Striata.—Dr. de Schweinitz related, before the Section on Ophthalmology of the Philadelphia College of Physicians, the history of a case of retinal detachment occurring spontaneously in a myopic eye, which under the influence of rest in bed, pilocarpine diaphoresis, and sodium iodide, became reattached at the end of three days, with complete restoration of the function of the eye. After the reattachment of the retina there was ophthalmoscopically evident a bifurcated pigmented line with a whitish stripe in its center, which resembled the so-called retinitis, or chorio-retinitis striata. The ophthalmoscopic appearances were regarded as an interesting confirmation of the views of Caspar that the affection, retinitis striata, represents the remains of cured detachments of the retina and is not, at least not always, of hemorrhagic origin. The paper was illustrated with charts of the field

of vision and a water-color sketch representing the ophthalmoscopic appearances.

DISEASES OF THE NOSE, THROAT AND EAR.

The Bacteriology and Histology of Ozena.—V. Cozzolino states (*Laryngoscope*) that micro-organisms are secondary in their effects to the primary factor of a favorable soil for their development. The ozenous child is born ozenous.

Investigations confirm Lowenberg's (1888-94) observations that the bacillus mucous is present in all cases of atrophic rhinitis. Abel (1894) arrived at the same conclusion from a close study of 100 cases. The bacillus mucousa is the prime etiologic factor and responsible for two of the most disagreeable symptoms—fetidity and crusts. The etiology of the bone atrophy, and, in consequence, of the mucosa can be found in a nutritive alteration of one or both turbinated bodies.

The author cites as evidence that the disease is not due to a specific micro organism, but to a local predisposition, the fact that it is strictly local and of a chronic character. Therefore ozena is not infectious.—*Post-Graduate*.

Treatment of Acute Laryngitis in Children.—G. Variot (*Internat. Clinics*) writes as follows: In simple uncomplicated forms of the disorder steam inhalation is a most efficient remedy. It is given in connection with a mustard foot bath and the throat is painted with iodin. Cough is controlled with syrup of codein in small, often repeated doses. In severe cases the neck should be sponged with hot water. In case of spasms the child should be kept in a room well ventilated and the air charged with steam. Some think this more efficacious if a volatile disinfectant be added. The author maintains that the benefit is derived from the steam alone. Where the voice is normal and no false membrane is present on the cords, violent spasm is often kept up by the accumulation of mucus in the hypoglottic region. Steam loosens this and allows it to be expelled; it also has an effect upon the terminal nerve endings in the mucous membrane of the larynx. The direct spraying apparatus may also be used with benefit. Medical sedatives, such as bromides, ether, musk, belladonna, acopite, and codein have their place. Codein is well borne in doses of $\frac{1}{4}$ gr. each 24 hours, below one year of age, and $\frac{1}{2}$ gr.

at the age of three and over. For systemic effects the alternative tonics should be employed. When all medical means fail, and surgical treatment becomes imperative, the author gives his preference to intubation over tracheotomy, where it is possible to have the patient constantly attended by an experienced person, who will know how to act in case of accident, such as dislodgment or plugging.—*Post-Graduate*.

NEUROLOGY.

Two Cases of Self-Castration.—J. E. Courtney writes as follows to the *Medical Record*: Two remarkable if not unique cases of this rare form of self-mutilation have come under my observation. I think they deserve recording on account of both their psychological and their surgical interest. There is something at once grimly dramatic and repulsive in an act of this sort, and the literature of such patients, especially in modern times, is small. The motive, the premeditation, the psychological condition, the rough technique, and the ready recovery of the patients are notable. One patient was a religious fanatic and conceived the act from his reading; the other could not have read of any precedent. I have read of but one case nearly similar to these two; that is recorded in "Tuke's Dictionary of Psychological Medicine."

Neither patient was imbecile nor had any anesthesia.

CASE 1.—John C——, aged 26 years, under commitment for burglary, was transferred to a State hospital for the insane. He was quiet and worked about the grounds. He removed one testicle under the following circumstances: He sharpened an old knife used for peeling potatoes and made a little reticule bag in which to put the testicle, secured a sewing-needle and ordinary spool of thread, and excusing himself a moment from his attendant, cut out the testicle and sewed up the scrotum. He asked the attendant to take him to the doctor, but gave no reasons. When seen he was somewhat pale and laboring under suppressed excitement, and taking the writer aside he announced what he had done, saying that his "nerve failed him" as to taking out the other. There was little time for incredulity. With the utmost sangfroid he produced from his vest-pocket the little pouch containing the testicle. The scrotum was greatly distended with blood. The crude sutures were removed and the wound was dressed.

The man quickly recovered. He explained that his purpose was to cure himself of masturbating, to which habit he attributed his crime and all of his troubles; he claimed later that he was "almost cured."

CASE 2.—O. P. F., aged 46 years, shortly before coming under my care removed one testicle, and had no medical attention until the second day after the act. I am indebted to Dr. Byrd, of Hyde Park, N. Y., for the following account: "I was called to see O. P. F.—two days after he operated on himself, removing one testicle. There had been oozing of blood, and it was on this account that I was called. I introduced one suture. He said his object was to destroy venereal passion, and that if the loss of one testicle did not suffice he would remove the other. He said it did not hurt much. He recovered promptly."

This case was one of paranoia, with hallucinations and delusions pertaining mostly to religious subjects. The line of argument leading to the act was that the original sin was sexual; that there were eunuchs who had made themselves eunuchs; "if the eye offend, pluck it out;" that "the old dispensation was founded on two tablets, the new on Peter, a rock, one stone," etc. He was quite clever in defending the act from the predication of insanity, and published a pamphlet in which he elaborated his arguments.

TERATOLOGY.

A Case of Polydactylism.—W. G. Hutchinson describes the following case in the *Harper Hospital Bulletin*: F. R., a colored baby, was brought to Harper Hospital Polyclinic May 12, 1900, "to have some fingers and toes removed." Examination showed four supernumerary digits, one attached to each hand and one to each foot. These were a trifle less than one-half the length of the normal digits, and each bore a well-formed nail. There was no bone tissue in any of them, its place being filled by a cartilage, which in all probability would have become ossified had they been allowed to remain.

They were attached by a narrow pedicle, those on the hands to the little finger opposite the distal end of the first phalanx, while those on the feet were in relatively the same position on the small toe.

The most interesting feature of the case is the marked heredi-

tary history. The child's great grandfather on the mother's side had supernumerary digits. He had eight children, of whom the history of six is negative, but one boy and one girl were born with this deformity. The girl gave birth to eight children. Five of them were normal, while two girls and one boy were afflicted with this trouble.

This baby's mother had no deformity of this kind, but three of her six children were born with supernumerary digits.

In all of these cases the supernumerary digits were on the hands only, this being the first case in the family history where they were on both hands and feet.

Three-Months Infant With a Caudal Appendage.—Dr. Watson exhibited such, and said this infant has a peculiarity which I think is of sufficient rarity to be of interest to the society. It has a tail. Its parents are not proud of it, and want it amputated this week, so I exhibit the child to-night without having had time to look up the literature of the subject further than to ascertain that the condition is quite rare, although not unique.

It is a healthy male child, a little over three months old. The tail springs from where a tail should, just posterior to the anus, and consists of two segments, a longer, thicker, more fleshy proximal segment, and a distal segment which is shorter, thinner and more fibrous. It is covered with normal skin. The length of the tail when the child was three weeks old was one and three-quarter inches. Forty days later it was two inches, and now it is two and a quarter inches long, having grown one-half of an inch inside of three months—apparently out of proportion to the growth of the rest of the body. It seems to have no connection with the coccyx, although it springs from the skin right over its tip. There seems to be no bony or cartilaginous tissue in it. It is well supplied with muscular tissue, and, in fact, the infant seems to express its emotions with the tail, for when the child is crying the tail shrinks up one-half an inch in length, the distal portion partially telescoping within the proximal one. At other times it lies relaxed at full length or curls out upon the buttocks.

Dr. Harrison and I have secured some excellent photographs of the appendage. When it is amputated Dr. Harrison will

study it anatomically, and we will make a further report.—*Johns Hopkins Hospital Bulletin.*

ANTENATAL PATHOLOGY.

Congenital Luxation of Hip-Joint.—Paci-Lorenz method of bloodless reduction of congenital luxation of the hip-joint includes early use of the limb by the patient, but radiography has shown that although the functional results may be satisfactory, the anatomic conditions are sometimes far from normal. Docroquet considers this a technical blunder, and has treated eight patients by applying the principle of immobilization in an over-corrected position for a few months afterward, with the result that not only the functional but also the normal anatomic conditions are restored, as far as can be determined by radiography.—*Jour. Am. Med. Asso.*

PROCTOLOGY.

Closure of Artificial Anus of More Than Three Years' Duration.—The left inguinal colostomy was made in the case of a young woman eighteen years old suffering from tubercular ulceration which would not succumb to less radical means. As a result of treatment, local and general, she fully recovered in a year, having in the meantime supported herself as a waitress. She desired the opening closed, but was advised to wait. Three years from the time the operation was made she became engaged to be married and insisted upon the closing of the opening in the side. Thorough examination demonstrated that the ulceration had healed, and further that there was no constriction of the bowel. A number ten Wales bougie passed through the anus and out at the anal aperture in the groin. The opening was included in two elliptical incisions which were carried inward until the bowel was separated from the parietes. Because of the spur both legs of the original loop were firmly adherent and required resection. A purse-string suture was thrown around each, a Murphy button inserted and locked, and the gut dropped into the abdominal cavity. Peritoneum, muscles and skin were united with catgut. Primary union obtained, the button passed on the tenth day, and the patient left the hospital at the end of three weeks. This patient made a complete recovery. She was under observation for two years after the closure and her bowels moved naturally during that time.—*Cleveland Med. Gazette.*

MEDICO-LEGAL.

Delaying Message to Doctor.—A man attacked in the evening with right oblique inguinal hernia, had a telegram sent at about 11 o'clock to a doctor about eleven miles distant, which was not delivered until 7 o'clock the next morning, although the doctor lived within four blocks of the telegraph office, was known to the operator, had telephone communication with his office, and was within the free-delivery limits of the city. Besides, it was shown, in the action subsequently brought by the patient to recover damages from the telegraph company, that the doctor was at home, had no professional engagements, was ready to meet the call had it been presented, and did, on receipt of the message the following morning, go to attend the case. The message, in addition to summoning the doctor, advised him that it was a case of rupture. The telegraph company admitted its negligence, and made no excuse therefor, but insisted that the sufferer was entitled under the contract to but 25 cents damages, being the amount paid for the services in transmitting the message. There was a jury trial, and a verdict for \$1,400, from which a remittitur of \$50 eliminated the allowance on account of the surgical operation, though it would seem that there was evidence to have sustained this item. Now the Court of Appeals of Kansas affirms the judgment of the lower court; appeal of Western Union Telegraph Company vs. McCall. It being beyond controversy that damage had been suffered which was a natural and proximate result of the negligent act of the company, the court holds that the amount thereof was properly left to the good sense and sound judgment of the jury. Nor is it willing to say that the finding here was excessive. And it intimates that the allowance of the \$50 referred to was legal, notwithstanding the contention that the operation was not made necessary by the company's negligence. It takes this view because it thinks that it was a question for the jury to decide whether under the evidence about the uncertainty of such cases, the delay made the operation necessary or not.—*Jour. Amer. Med. Assn.*

BOOK REVIEWS.

Progressive Medicine. A Quarterly Digest on Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., assisted by CHARLES ADAMS HOLDER, M.D. Vol. II., September, 1900. 8vo., pp. 408. Diseases of the Thorax and Its Viscera, Including the Heart, Lungs, and Blood-vessels; Diseases of the Skin; Diseases of the Nervous System; Obstetrics. [Philadelphia and New York: Lea Brothers & Co. 1900. Issued Quarterly. Price, \$10.00 per year.

The present volume of *Progressive Medicine* is better, if anything, than its predecessors. The contributors appear to have acquired a greater interest in the work as they have progressed, and the result has been that they present us with a most thoroughly written account of the progress made during the past year in the various branches entrusted to their care. The volume opens with a thorough review of the literature published on the diseases of the thorax and its viscera, written by Dr. William Ewart of London. He gives with remarkable fullness the therapeutic advances made during the past year.

The part devoted to diseases of the skin is particularly rich in therapeutic suggestions. This is certainly proper, as these affections are notoriously difficult for the general practitioner to recognize and properly treat. Dr. Stelwagon, who has written this article, has thoroughly appreciated this, and in consequence presents us with a most thorough and practical review of the latest publications on the subject, augmented by his own valuable suggestions. Our only regret is that there were no illustrations introduced, as it is particularly in this branch of medicine that such are most useful and instructive. So far as the therapeutic hints, which appear on every page, are concerned, it would be difficult to find better, and this is easily understood when we consider the fact that Dr. Stelwagon has drawn upon his long and varied experience for his data.

The chapter devoted to neurology shows Dr. Spiller to his best advantage. He considers the subject thoroughly, but devotes especial attention to uremic hemiplegia, post-anesthetic paralysis, cerebro-spinal meningitis, and anesthesia by intra-spinal injections of cocaine. Some other subjects receive more than ordinary consideration and are critically reviewed, such as tic douloureux and its treatment by arsenic and by extirpation of the Gasserian ganglion, the relief of herpes by cocaine ointment, and the relations of infantile convulsions to epilepsy.

The contribution of Dr. Norris on obstetrics is one which will

prove full of surprises for the general practitioner. This specialty has made so many advances, and so many improvements have been introduced, that it is practically a new study to him who has not kept pace with the literature of the subject. What struck us as most practical is that portion which advocates common-sense as preferable to traditions in the management of the post-pregnant woman. As in all other departments of medicine, common-sense is the most reliable. The Cæsarian section and ectopic gestation receive a goodly amount of attention, as is eminently fit and proper. The article on coccygodynia is a reproduction of a part of the remarkable paper on this subject written by Barton Cooke Hirst. It is worthy of much attention and study.

Taken all in all, this volume is a credit to both editor and contributors, and its appearance once more stamps the publishers as leaders in the book-maker's art.

Medical Diseases of Infancy and Childhood. By DAWSON WILLIAMS, M.D., Lond. Second Edition, Revised, with Additions by FRANK SPOONER CHURCHILL, M.D. 8vo., pp. 542. Illustrated with Seventy-two Engravings and Two Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$3.50 net.

Whilst no attempt has been made by the author to write a complete treatise on pediatrics, he has given us a very thorough manual on the subject. As he very aptly remarks, the diseases of children, in the main, do not differ from the same ones in adults, except in some few respects. Symptoms are apt to be exaggerated in the former; but, on the other hand, they do not affect the organism as seriously and recovery is much more rapid and thorough. Again, some diseases, like diarrhea, whilst insignificant in adults in temperate climates are very apt to be most dangerous in infants, as the number of deaths due to enteritis will testify. It is by means of such clear and practical teachings that the author has made his work authoritative. It has met with prompt recognition both in England and in this country, and the second American issue has been revised by Dr. F. S. Churchill of Rush Medical College, a gentleman peculiarly fitted for this work.

We cannot review every chapter of this meritorious work, but desire to commend more especially that on infant feeding, which is most excellent and rendered very thorough by Dr. Churchill's valuable and modern section upon this important subject. The acute infectious diseases are well considered and the treatment of the subject is most thorough. Were we inclined to criticize, it would be the recommendation to give infants who have acquired syphilis gray powder in one-grain doses twice daily. This is rather heroic and apt to lead to intestinal complications, which a smaller dose would certainly not at all bring forth.

Among the most valuable features of the work are the numer-

ous and trustworthy prescriptions which are scattered throughout and which have been adapted to the U. S. Pharmacopeia by the editor, who has very ably discharged himself of his task. In fact the editing has been so thoroughly and ably done that the American edition of this work is superior to the English one. No part of the latter has been omitted, but additions have been made to it, thus enhancing its value.

We can heartily commend the book to both students and practitioners. It is well gotten up, both typographically and in binding, and it promises to be an accepted standard in this country.

Transactions of the Medical Society of the State of New York for the year 1900. 8vo., pp. 522. [Published by the Society. 1900.]

As usual, these Transactions are not only in the highest degree interesting but valuable as well. The Rev. James M. Buckley's contribution on Rational Therapeutics vs. Christian Science and Similar Superstitions. This is followed by a Symposium on the State Care of Tuberculous Patients, participated in by Drs. Edward O. Otis, Vincent Y. Bowditch, E. R. Baldwin, George Blumer, Enrich V. Stoddard, Senator Horace White, and Hon. Otto Kelsey. A Discussion on Prophylaxis in Gynecology was ably carried on in papers by Drs. Henry C. Coe, W. Gill Wylie, Ralph Waldo, and James Clifton Edgar. Among some of the more prominent contributions were: Fevers and Fever Remedies, by Dr. A. Jacobi; Further Investigations Into the Causes of Cancer, by Dr. Roswell Park; and Weil's Disease, by Dr. Harlow Brooks.

The Curability of Leprosy, by Dr. George Henry Fox, is rather a plea than a proof, as the arguments advanced do not warrant the conclusion which is drawn, and which is at variance with the experience of all leprologists. A most interesting case is that of Dr. W. Freudenthal, who details the history of one in which there was a Spontaneous Discharge of Cerebro-Spinal Fluid from the Nose. Dr. Fred. C. Curtis, of Albany, has again presented us with a most excellent volume; and with the aid of that expert printer, Dornan, of Philadelphia, a handsome volume, gotten out on time, is ready for the members of the Medical Society of New York.

Studies of the Psychology of Sex. The Evolution of Modesty; The Phenomena of Sexual Periodicity; Auto-Erotism. By BURDOCK ELLIS. 8vo., pp. 275. [Philadelphia: The F. A. Davis Co. 1900. Price, \$2.00. Sold only to Physicians and Lawyers.]

The author is an Englishman who, on account of the prejudice which exists in England against all works on psycho-sexual subjects, has issued his work in what he considers a more liberal

country. The book is one of the highest interest to all those interested not only in sexual perversities but in those manifestations of the sexual instinct which are normal. Many interesting points are taken up such as the Question of a Monthly Sexual Cycle in Men. Auto-erotism is a large field which even the author himself states he cannot yet cover. This subject naturally includes that of masturbation, and this is a subject which he discusses in a cool, unimpassioned way which is full of useful observation and much good sense.

Not the least important part of the book is included in three appendixes. In the first of these the Influence of Menstruation on the Position of Women is considered. This is an interesting philosophical consideration of the question. In the second appendix Sexual Periodicity in Men is considered by F. H. Perry-Costy, B.Sc. (Lond.), who gives his personal experience in this regard with the greatest frankness. The third and last appendix deals with the auto-erotic factor in religion.

Taken all in all, this book is one out of the common, and to those who are in search of medico-legal, psychological and sexual knowledge it will prove a veritable mine of information. It is a work which has been seriously written for those who can read such an one seriously. Others should leave it severely alone. The amount of work devoted to the subject is evident from the author's references.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Progressive Medicine. A Quarterly Digest on Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., assisted by Charles Adams Holder, M.D. Vol. III. September, 1900. 8vo., pp. 408. Diseases of the Thorax and its Viscera, including the Heart, Lungs and Blood-vessels; Diseases of the Skin; Diseases of the Nervous System; Obstetrics. [Philadelphia and New York: Lea Brothers & Co. 1900. Issued Quarterly. Price, \$10.00 per year.

Medical Diseases of Infancy and Childhood. By Dawson Williams, M.D., Lond. Second Edition, Revised, with Additions by Frank Spooner Churchill, M.D. 8vo., pp. 542. Illustrated with 72 Engravings and 2 Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$3.50 net.

Studies in the Psychology of Sex. The Evolution of Modesty; The Phenomena of Sexual Periodicity; Auto-Erotism. By Burdock Ellis. 8vo., pp. 275. [Philadelphia: The F. A. Davis Company. 1900. Price, \$2.00. Sold only to physicians and lawyers.

Transactions of the Medical Society of the State of New York for the Year 1900. 8vo., pp. 522. [Published by the Society. 1900.

Diabetes Mellitus, its Definition and Successful Treatment, is the title of a most valuable little brochure issued by the Charles Roome Parmele Co. of New York. It is a veritable little monograph, to which some of the leading medical men of the East have contributed. The prodromic stage, early recognition and early treatment of diabetes mellitus are treated of by Dr. Heinrich Stern in his usual thorough manner, and he speaks most highly of arsenauro as a remedial agent in this condition. Dr. George D. Barney of Brooklyn writes more particularly in reference to the treatment of this trouble, giving directions in regard to diet. He also favors arsenauro as the remedial agent, quoting in support thereof a number of clinical cases. Drs. Alexander W. Beck, J. P. Sheridan, and R. B. Glass, of New York, also add their testimony to the good effects of arsenauro in the treatment of diabetes mellitus. Our experience has been the same, and the good effects of this remedy are indubitable. It is claimed by some to be a specific, and it is without doubt as near being a specific as any preparation could be. We would recommend our readers to send for this brochure, which will be sent gratis upon request.

The Alabama Medical Journal is the name adopted for the *Alabama Medical and Surgical Age*. This change is a good and judicious one, as the former name was long and clumsy.

La Gazette des Hopitaux has issued a supplementary number in which are contained the full proceedings of the XIII. International Congress of Medicine. It forms a quarto brochure of 130 pages, and is most apropos. The reporters for this publication are all well known, and have made most excellent reports. This special number is sold at 3 francs, and it is well worth the price. Its chief value lies in its being an *avant courier* of the regular transactions.

The Frisco Line has issued a most magnificent book, which contains but one ad., in the form of an imprint on the title page and cover, "There is something to see along the Frisco Line." A series of magnificently printed engravings, in black and colors, illustrative of the most picturesque bits along different portions of the Frisco line is given, and the book is fit to grace the cen-

tre-table of any parlor. The officers of the road are justly proud of this publication, which the Woodward & Tiernan Printing Co. has brought out in the highest style of the printer's art. It reflects credit upon St. Louis and its pet railroad line, and will long be preserved as a beautiful souvenir by all who are so fortunate as to obtain a copy.

Laboratory Directions for Beginners in Bacteriology.—This book, by Veranus A. Moore, will be ready in September. This is the first practical laboratory manual in bacteriology that has appeared in this country, and it is believed that students of bacteriology will be glad to welcome so clear and scholarly an outline of the work. The present manual is intended to serve simply as a guide through an introductory laboratory course, preparatory either to independent research work or to form the basis for the application of the principles of bacteriology in the practice of human or comparative medicine. It aims to impart a technical and working knowledge of certain of the more essential methods, and to develop a definite knowledge of a few important species of bacteria. It is to be issued by Messrs. Ginn & Company, publishers, Boston, New York, Chicago, San Francisco, Atlanta, Dallas, Columbus, and London.

New Books in Press.—"The Treatment of Fractures," by W. L. Estes, A.M., M.D., director, physician and surgeon-in-chief St. Luke's Hospital, South Bethlehem, Pa. This book describes the treatment of fractures in a practical and interesting manner, and is replete with original drawings, photographs and skiagraphs. Printed upon heavy book paper, and substantially bound in cloth, containing about 250 pages. Price, \$2. Also "The Technique of Surgical Gynecology," by Austin H. Goelet, M.D., professor of gynecology in New York School of Clinical Medicine; consulting professor of gynecological electro-therapeutics, International Correspondence School, Scranton, Pa., etc. This book presents to the reader the technique of gynecological operations in a manner combining simplicity with completeness. The various subjects are individually discussed, and graphically illustrated with a large number of drawings and sketches especially prepared. About 300 pages; same price as above.

These two works are thoroughly practical, and all details are carefully elaborated. Every general practitioner should possess a copy of each. Ready for delivery about September 25th. Published by the International Journal of Surgery Company, medical publishers, 100 William street, New York.

MELANGE.

Hereditary Degenerates. — Lombroso classes the habitual criminal among the hereditary degenerates, holding that he belongs to a degraded type of humanity. He assigns as characteristics, smallness of the head, asymmetry or abnormal forms of the skull, prominence of the superciliary regions, unequal size of the orbits, teeth irregularly placed, abnormal forms of the palate, increased size of the lower jaw, and a variety of irregularities in the shape and position of the ear, and claims that these *stigmata* indicate deeper abnormalities of structure. But he admits that the habitual criminal is not distinguished by any unvarying characteristics, such as a naturalist would make use of in describing a genus of a plant or animal.

Lombroso acknowledges that his type fails in 60% of his criminals, and in some cases individuals of unblemished character have most of the *stigmata* assigned to criminals. — *Woman's Med. Jour.*

Missouri School for the Blind. — The following has been addressed to us:

Want of proper information concerning this school has been the cause of many blind children growing up in ignorance, when they might have been educated and fitted to earn a support for themselves.

The school has been established since Feb. 27th, 1851. The title "Blind Asylum," by which it is sometimes called, is a misnomer that puts the school in a wrong light and does it harm.

The blind of the State should not be deterred from taking advantage of the opportunity that the State offers here to become educated because of the belief that the school, "home" or "hospital" where the blind of all ages and conditions are admitted for treatment, or that it is an asylum for the helpless and infirm blind. The institution is simply a part of the great public school system of the State. It is in no sense a home or asylum, but simply a school where the blind children of the State are admitted for a limited time for the purpose of being educated and put in a position to do something for themselves. The chief

object of the school is to make the blind self-sustaining. The several departments are under the supervision of competent instructors, especially adapted to the work undertaken. In the literary department a thorough course is given in all the elementary branches, as well as in the branches of a high-school course. In the department of music an extended course is pursued in vocal and instrumental music, as well as in theory, harmony and composition. In the work department the boys are taught a number of useful trades, and the girls to sew, crotchet, knit, and do a variety of other useful work. The departments of physical culture and kindergarten are features of much importance.

The school is supported entirely by appropriations made by the legislature, and is, therefore, strictly a State school. Liberal provision has always been made for its support, and there is no charge made for tuition or for board and lodging.

Pupils must be provided with ample clothing, and their expenses to and from the school must be borne by the parent or guardian.

Applicants for admission must be of good mental and physical capacity. Those who are feeble-minded, or who suffer such physical deformity or weakness as to necessitate special care, are not admitted. None are received under the age of nine years, and while applicants are sometimes admitted as old as twenty-four, they should be much younger. The school being supported by the State, none but bona fide residents are admitted.

Attention of the County Clerks of the State is called to Section 9770, R. S. 1899, which provides: "The County Clerk of each County shall certify to the Superintendent of the School for the Blind in St. Louis the names of all blind persons of school age in his county, giving name, age, sex and color, and the name and post-office address of parent or guardian of such persons."

J. N. HOLMES, President, Piedmont.

E. C. WATERS, Vice-President, Vandalia.

JAS. C. JONES, Secretary, St. Louis.

WM. JEFF. POLLARD, Treasurer, St. Louis.

DR. J. HARVEY MOORE, Oculist, St. Louis.

S. M. GREEN, Superintendent.

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 719.

VOLUME LXXIX.—NOVEMBER, 1900.—No. 5.

ORIGINAL COMMUNICATIONS.

PRE-COLUMBIAN LUPUS (UTA) AND ITS SURGICAL TREATMENT BY AMPUTATION OF NOSE AND UPPER LIP, AS REPRESENTED ON THE HUACOS POTTERY OF PERU.

BY ALBERT S. ASHMEAD, M.D., NEW YORK.

In 1897 I wrote as follows to the authorities of the Anthropological Department of the American Museum of Natural History:

Dear Prof. Saville:—I beg to inform you that I shall be a delegate to the Leprosy Conference, to be held in Berlin, October, 1897. This invitation to the conference has been issued by the German government. Baron Thielman, the German Ambassador in Washington, has sent me the invitation, which I enclose for your perusal. I have made a special study of pre-Columbian leprosy, and I am expected to contribute something regarding the deformations observed on Huacos pottery. In the Bandelier collection of your museum there are some fourteen or fifteen specimens which represent *Lupus* and *Syphilis*, but, in my opinion, not leprosy.

Professor Virchow of Berlin prefers to see leprosy in the specimens of Huacos which fell under his observation. It is to refute Prof. Virchow's position and, if possible, as Dr. Brinton advises me to do, to convert the eminent German physician to my view, that I desire to exhibit photographs of your Huacos pottery. Will you, therefore, kindly permit me to have Rockwood, the photog-

rapher, take photographs for me, exclusively for this purpose, of the Huacos in your possession? Besides these specimens you have a skull from Pachacama, which Prof. Bandelier tells me is *undoubtedly* pre-Columbian. It exhibits ravages of syphilis, and is probably the only bony specimen extant with undoubted evidence of pre-Columbian syphilis. I should desire also to have a photograph of this skull to exhibit to Prof. Virchow at the conference.

Trusting that you will soon favor me with the permission I request, I remain, Very truly yours,

ALBERT S. ASHMEAD.

The permission I asked for was kindly granted. The photographs were taken of the objects by Mr. Rockwood, and I sent them to the German Minister in Washington, along with my article entitled: "The Question of pre-Columbian Leprosy; Photographs of Three pre-Columbian Skulls and Some Huacos Pottery." (See *Mittheilungen und Verhandlungen den internationalen Lepra-Conferenz*, Berlin, 1898. Band I.)

Leprosy never existed in America until the Spaniards and Portuguese and perhaps the negroes whom they brought appeared on this continent. *Syphilis was pre-Columbian in America*, but although it is proved that syphilis, as well as leprosy, existed in China in the period of 1121 to 314 B. C.,* there is not the slightest evidence that there ever went a human current from Asia to America.

Dr. Daniel G. Brinton, professor of American Archaeology and Linguistics, University of Pennsylvania, wrote me, August 25, 1894: "I never heard of leprosy in America, either at or before the time of the Conquest; and, as perhaps you know, I do not believe in the introduction by migration, of either arts, words or diseases, from Asia into America. *The current was in the other direction.*"

He wrote again August 30, 1894: "The position I take is that we should always assume a disease, etc., belongs to the region in which it is found until its introduction from another region is demonstrated. The *onus* lies on him who claims a foreign origin. Now for leprosy: There was a disease in Mexico called *teococ-*

*See Ashmead. Extracts from a Japanese work on Syphilis, *Journal Cutaneous and G. U. Diseases*, 1895; and a Chinese Secret Manuscript, *University Medical Magazine*, 1895.

ditzli, translated *lepra*. Sahagun says those who have it *lose their eyebrows** and are hungry. It was *cured* (Note: syphilis is curable; leprosy is not.—Ashmead) by baths, ointments and internal remedies, *and was contagious*. (Note: Virchow claims that leprosy is not a contagious disease!—Ashmead.) (Hist. Mex., Bk. X., Ch. 28).

"In Maya apparently the same disease was called *Uex*. It was *contagious* (Note: I remark again that Virchow says leprosy is not contagious!—Ashmead), and was a species of itch (Perez. Dic. Maya).

"*Lepra* in old Spanish, as in medical Latin, does not mean Oriental leprosy, of course (Note: in old Spanish America *elephantiacs* was the name applied to lepers.—Ashmead).

"Herrera makes no mention of any such disease, until seventy years *after* the discovery.

"Torquemada says the ancient Mexicans sacrificed lepers to the White Maize God, Iztaccateotl. This probably referred to progressive albinism† (Monarquía Indiana, Tom. II. of Degeneracy.—Ashmead).

"When we study the earliest accounts of the explorers of Behring Straits, we find they speak of American tribes (Eskimos) on the Asian side, but no Tchuhtches on the American side. There was a trade between Siberic and Alaskan peoples, but no hint of a migration in historic times from Asia to America, and no archaeological evidence of it in prehistoric times, that I know of."

In the most remote northwestern section of America, beyond the mouth of the Yukon, and within forty miles of the Siberian Coast, lies St. Lawrence Island. It is one of our United States insular possessions, acquired from the Russian Government as a part of the Alaskan purchase. The Reverend William F. Doty, who acted upon this island in the capacity of government agent and missionary, tells me that by a census which he took while there, there were 337 people on the island; of these, 313 lived at Gambell, or Seevookuk, which is the Eskimo name, and the remaining 24 had their habitation at Southwest Cape. These inhabitants are an Eskimo tribe, and remarkably intelligent and bright. Like the Chinese, they have a wonderful retentive memory. Many generations ago the ancestors of these people lived

*This symptom is as often syphilitic as leprous.—Ashmead.

†Note: Albinism is a symptom.

along the Siberian Coast. According to story and tradition a terrible feud sprang up among them, and a portion were driven to seek protection upon St. Lawrence Island. Ever since that time a struggle has been kept up, generation after generation. That branch of the family living directly across the Siberian Coast, at a place known as Indian Point, has always been the most powerful, and at present outnumbers the St. Lawrence Islanders two to one. From time to time they have crossed over to the island and robbed and killed the inhabitants. It is stated that upon one occasion the population of the island was reduced to one man and one woman. Of late the strife has been less violent, and I did all in my power to prevent it by awing the Siberians with threats of the punishment which the United States Government would inflict upon them if they did not cease their depredations upon the islanders.

They live cheaply upon whale meat, seals and walrus, with an occasional fox or polar bear, and about their only vegetable food is a kind of sea-weed which the children gather. The most of their food they eat raw, with the exception of whale meat, which is usually rather tough; but even this is only parboiled. The winter is long and dreary, and it is frequently necessary to burn a lamp during all of the hours of what should be a day. The temperature falls to about 20 degrees below zero in winter and rises to between 40 and 45 degrees in the summer. From the middle of September until the first of June there is snow on the ground, and the sea freezes for fully 500 miles south of the island. The island is about 90 miles long and from 25 to 40 miles wide. The major part of it is covered with moss, and there is no other vegetation, and it is impossible of cultivation. Years ago the Eskimos of the island lived during the winter in underground hovels, but now all their huts are above ground, the sides being of boards and covered with a seaweed mat and skins, and the roof constructed of reindeer hides. Mr. Doty and his Norwegian helper were the only white men on the island.

I have quoted at so much length the facts which Mr. Doty kindly gave me, to show under what conditions a human current might possibly have brought leprosy to America. Those conditions would have been almost identical with those of Norway and Iceland—the most favorable for the propagation of the disease.

In reply to my letter of inquiry as to the diseases prevalent there, Mr. Doty wrote as follows:

“PRINCETON UNIVERSITY, NEW JERSEY,
“October 10, 1899. } ”

“Dear Sir:—With respect to pre-Columbian diseases among the natives of St. Lawrence Island, it would be beyond my power to enlighten you. *Syphilis* is present in isolated instances, I fancy. I know of only one case where the symptoms appeared to be pronounced, however. The presence of whalers at the larger village occasionally, and their illicit intercourse with the women of the island, would account for the disease. If the disease had been there for centuries, I should suspect that in a community of so few inhabitants the disease would have carried off all the people; so I do not incline to the view that syphilis has long prevailed there. The disease has been introduced with most fatal results, as you no doubt know, among other Eskimos on the northern shores of Siberia and Alaska. The northwestern coast of Alaska is probably the worst illustration, as whole villages have within a decade or two been exterminated, or nearly so.

“Not being a physician, I am unable to speak with authority as to the diseases of St. Lawrence Island. I do not think that leprosy is one of them.

“The natives are Eskimos who came from Siberia, I fancy, at least a hundred years ago. The natives speak the dialect essentially of the Siberians at Indian Point and Plover Bay.

“Some diseases are *scrofula*, old sores, varicose veins, lung and throat affections, heart disease, boils, rheumatism, palsy.

“Very truly yours, Wm. F. Doty.”

In our northwest North American Territories to-day there is not a single Indian or Eskimo who is a leper. Had leprosy crossed the Behring Sea in pre-Columbian times, there should be found some evidence of it in the Alaskan or Siberic races.

Leprosy is as unknown in modern Peru as in modern Alaska.

Mr. Richard R. Neill, of the United States Legation at Lima, sent to me six years ago the following letter, which he had received from Dr. Manuel A. Muñiz, the distinguished Peruvian quarantine officer and scientist, so well known by his investigations on Incan and trephined skulls:

“LIMA, PERU, June 4, 1894.

“Much Esteemed Sir:—I have read the copy of the letter of Dr. Ashmead, which you have been kind enough to enclose, and I think that he will find all such data about lepra in Peru, as he wants to have, in a work of mine on the question which I published in ‘La Cronica Medica,’ and which I send you, marking the article with colored pencil. The printed work to which this article refers exists in the library.

“The first leper hospital, founded thirty and odd years after the foundation of Lima, was in the place now occupied by the quarter of Saint Lazarus. To-day lepra is very rare among us, as we find only a few Chinamen affected by it. Last year, 1893, there were only two deaths from lepra (in all Peru), and there is now only one Chinaman sick in the Hospital Del Refugio. I am ready to answer any other questions which may be propounded by Dr. Ashmead.

“In consequence of the last political events, and of the illness of my brother, it has been impossible for me to send you the two or three chests of skulls and coins (both pre-Columbian) for the University of Pennsylvania (Dr. Brinton's Department). I shall do so soon, etc.

“I have the honor, etc.

MANUEL ANT. MUNIZ.”

As we find no leprosy to-day in those Siberian and Alaskan tribes who have had intercourse with each other, nor in modern Peru, it is quite logical to believe that it did not migrate from Asia to pre-Columbian Peru. This conclusion is strengthened by the fact that in no Peruvian *Ancon* mummy has there been found a single vestige of leprosy; not a mutilated finger or toe of a pre-Columbian corpse has ever been brought to light by those who claim that the deformations on Huacos (grave) pottery represent pre-Columbian leprosy. I myself have examined or caused to be examined all the *Ancon* mummies of the United States. In not one of them is there evidence of leprosy.

The best collection of American archaeological objects in Europe is in the Leipzig Museum. In that collection also there is not a mummy, not a skull, which presents evidence of pre-Columbian leprosy.

Dr. Emil Schmidt, the eminent archaeologist of Leipzig, thus testifies:

“LEIPZIG, April 16, 1895.

“DR. ALBERT S. ASHMEAD, New York.

“Dear Sir:—Excuse my not having answered immediately your questions about pre-Columbian leprosy in America. I first looked once more over my collection of Peruvian skulls and mummies (more than eighty-five specimens), but with quite negative results. I do not remember to have found any evidence of pre-Columbian leprosy in other collections examined before.

“We have here, in the Leipziger Museum für Völkerkunde, a valuable collection of old Peruvian pottery. Unfortunately it is packed up, the museum being transferred in another building. A few years ago I have examined this collection rather closely, and I am sure that I should not have overlooked if there were any unmistakable evidences of leprosy.

“I am sorry, dear sir, not to be able to give you a more positive answer.

Very truly yours,

EMIL SCHMIDT.”

In reply to questions which I propounded to Dr. Manuel A. Muñiz in 1895 as to the history of leprosy in Peru, I received the following answer:

1. Title and date of the publication of “Historical Discourse, etc.,” of Bravo de Lagunas?

Answer.—“A Historical Memoir on the Hospital of San Lazaro, with Many Notes About the Hospitals, and Especially Those of the Lazarinos,” was published in Lima, 1761.

2. Date and place of the Peruvian physician who describes so graphically the torments of leprosy, and title of the work?

Answer.—Ricardo Parra of Bogota, Republic of Colombia, “La Lepra;” ignoro ano—from 1850 to 1860.

3. Date of the “Recopilacion des Indias?”

Answer.—The best-known edition is that of Charles III.: “The Last Collection of the Indian Matters.”

4. Title of Ulloa’s work?

Answer.—“Secret Memoirs of the Journey to South America.” The works of Ulloa and Jorge Juan are very well known.

5. Gonsalo Jimenez de Queseda?

Answer.—Consult the work of Father Lucas Piedrahiti: “History of the Conquest and Discovery of the New Kingdom of Granada.” See also Father Simon: “Historical Notes of Pedro Firme.”

6. Old Colombia?

Answer.—It corresponds to the "New Kingdom of Granada," called afterwards the "Vice-Kingdom of Santa Fe," which has formed to-day three republics—Colombia, Venezuela, and Ecuador.

7. Is there authority for the non-existence of the disease on the highlands of Peru (Incas and Symaras)?

Answer.—On the other side of the Andes there are in Peru regions truly tropical and mountainous, where leprosy may have existed or may exist to-day. [How very lucid! Why dodge the question? He answers as Captain Cuttle would: "If so be as how, why then, yes; but if so be as not how, why then, no."—Ashmead.]

8. Leprosy in the Incas?

Answer.—It is almost sure—there are pieces of pottery (huacos) or articles of earth. The subject has not been studied before the Incas, but there existed there the word *Huanti* (syphilis, lepra). Peru was divided into tribes more or less powerful and isolated.*

9. Works about early appearance of leprosy in Old Colombia?

Answer.—Consult historical works and chronicles of Carthage of the Indies, a very ancient focus of lepra.

10. Date of first introduction of African Negroes into Peru?

Answer.—The first negro came with Pizarro, and was with the *thirteen* of the Isle of the Cock, *before* the Conquest. Already in 1536 there were maroon negroes in Peru. The King granted to Pizarro the privilege to import African Negroes; afterwards equal privileges were granted.

11. Was leprosy before the Conquest?

Answer.—Possible. The question not studied. I am for an affirmative answer.

In a letter which I had the honor to write to Prof. Virchow in 1895, I called the attention of the Berlin Anthropological Society to the question whether leprosy had existed in America before Columbus, and more especially whether the deformation on the huacos pottery really represented that disease. Afterwards I published in the *Journal of the American Medical Association* my article "Pre-Columbian Leprosy" (April, May and June, 1895).

*Note by Dr. Ashmead. *Huanti* means syphilis *not* leprosy. It was the name the Aymaros gave *pre-Columbian* syphilis before they had infected the Incas. See Ashmead's articles. Leprosy in America, etc. *Journal American Medical Association*. 1894.

In that article I took the negative side of the argument: Leprosy was *not* pre-columbian, the mutilation represented on the huacos pots belonged to uta and syphilis, and *not* leprosy. In October 1897 I contributed a paper, "The question of pre-Columbian leprosy, with photographs of three pre-Columbian skulls, and some huacos pottery," to the Berlin Lepra-Conference. It was there discussed by Mr. Virchow and Polakowsky; not a single one of the many leprologists present at that conference thought it worth their while to speak for or against the proposition. Only Polakowsky was *brave* enough to express himself in opposition to Virchow. Everyone of those eminent leprologists knew in his heart at the time that Virchow was wrong and that I was right. Glück, Hansen, Carrasquilla sat silent, but afterwards they put themselves on record against Virchow.

The whole subject was then transferred to the Anthropological Society, where the liveliest debates have taken place. Dr. Sele contributed a most valuable paper on the subject of leprosy in ancient Mexico. He based his conclusion that leprosy had existed there before Columbus on the Maya word *teococo litzli*, which Dr. Brinton told me did not mean leprosy.

The question centres about my studies on those huacos pots, and their deformation, which I began to investigate in 1894, and which Polakowsky and I definitely introduced to Europe in 1897.

From time to time some new material has been added to the discussion, for example: photographs from Dr. Dorsey of Field Columbian Museum, Chicago, of the huacos pots in his collection, and of a mummy from Ancon, "*which he recently unwrapped, whose hands showed melting of the bones very similar to leprosy,*" but which on investigation proved to be a *will o' the wisp*—not leprosy at all.

From the American standpoint it is of the greatest importance to determine this question. For if leprosy existed here before Columbus, there surely must have been a connection between Asia and America. In no other way could leprosy have been propagated here, except by a migration of human beings.

On this question of pre-Columbian leprosy, Polakowsky, Glück, Valdez, Morel, Desthepo, Carrasquilla, Lehmann, Nitsche, and others have put themselves on the negative side. Leprosy was *not* pre-Columbian, the huacos pottery deformations do *not* signify that disease. However, Virchow still amuses himself by threshing

over the old straw. He believes that we are wrong. Like the twelfth man of the jury, he will not let the eleven others return a verdict until he is converted.

The differential diagnosis of leprosy, syphilis and lupus in the living subject is sometimes most confusing. This is especially true in degenerate or dying-out races. How much greater must the difficulty be to determine the identity of one of these diseases whose representation is carved on the face of a small clay image, by an artist who was not a medical man?

As Dr. Taylor, the syphiligraph, wrote me April 21, 1895: "It is well to remember that *lupus* produces disfiguring deformities on the nose and upper lip, and that in those ancient cases (the Peruvian clay figures) it will require divine intuition to settle upon leprosy, syphilis or lupus as a cause." But the eminent gentleman forgot to observe that in the representation of a disease on the clay figure of a man, intended to record what belonged to the corpse and to be buried with it, the failure to show a mutilation of fingers or toes, or tuberculation of face, the most usual deformities of leprosy, would indicate to a *leprologist* that the disease was not leprosy but *syphilis* or *uta*. Thus the question is narrowed. It can only be syphilis or uta.

Dr. José Mariano Macedo of Lima has kindly sent me, through the American Legation of Peru, a pamphlet written by Dr. Juanligas, the most noted *uta* specialist of Lima. It is entitled, "Etiología, topographiá y tralamicato de la uta (Lupus)." I translate some extracts from his chapter on Differential Diagnosis of the Disease, from which you will see that it is highly probable that the deformations of those ancient Peruvian figures were intended to represent *uta* and syphilis, and not leprosy. For Ancon, the pre-Columbian graveyard of Peru, was also the place baths where the *luposos* and syphilitics congregated for curative treatment. Had Ancon been a resort for lepers, somewhere in a European and American museum we should discover a *mummy*, showing loss of fingers or toes, for most lepers (in a syphilitic country) are thus mutilated. But, quite the contrary, no such disfigurement of pre-Columbian remains up to this time has been found in any museum of the world. Moreover, had there been lepers in pre-Columbian Peru, they surely would have gone to the baths along with the *luposos* and syphilitics. Only the syphilitics could have been cured, while the *luposos* and lepers being

incurable would have died there. Thus the absence of leper-remains from the graves of Ancon *doubly* proves that *leprosy did not exist in pre-Columbian Peru*.

Dr. Ugaz says: "In all times we have looked for the real cause of *lupus*; in sources which while holding it in a tightened link, do not enjoy the title of being the effective cause of the disease. Thus our scientific and popular opinions have called it *mal de Lazaro*, syphilis, scrofula, cancer, etc. But the passing year's experience, the clinics, the popular beliefs, have led the way to an investigation of the truth.

I shall analyze some distinctive symptoms of morbid entities to delineate and confirm its *tuberculous* nature.

1. *Tuberculous Syphilide*.—Mr. Edward Ellis, in his infantile pathology (1884), speaking of *lupus*, says: "The disease is frequently of *syphilitic* origin,"

In our department of Amazonas it is likewise called *galico* (the French disease).

Let us see why they are confounded, and what are the differences. The initial snare of these two diseases is of the same morphological character—the *tubercle*: primitive in *lupus*; secondary in syphilis; or, what amounts to the same thing, essential to the one and accidental to the other. The demarcation before their ulceration is easy and simple. The syphilitic tubercles are hard to the touch, round, bulky, of red or copper-color, with an exfoliation imperceptible, and tending to remain stationary without going on to immediate suppuration. The luprous tubercles are smooth, flattened, covered with small epidermoidal scales, and ulcerative almost at once.

The first appear after a general infection, rarely in a premature manner, and even in that case having as antecedents their venereal history. In the second they have nothing to recall but a *grancto*, an entirely local cause; nothing like chancre, roseola, iritis, insomnia, osteocopic pains, fever, alopecia, exostosis, etc.

If there is already ulceration of the tubercles the diagnostic difference is still more evident. The venereal ulceration and fungosities have their borders swollen, sharply defined, deep, and rest on a callous bottom. They are surrounded by their coppery areola. Those of *lupus*, on the other hand, are nearly superficial, of a dark red color, slightly smooth; and, if they belong to the variety of perforating *lupus*, we are reminded that they are re-

lated to the skin, and that in consequence the march has been from without to within, from the superficial to the deep. In the meantime it becomes so much greater in the syphilitic as to allow the bones and cartilages to pass through the skin, as if the organism sought to disembarass itself of a corrupting product with which it was saturated. Should any doubt remain, the internal treatment will decide the disease, if it is *galico*. (Anti-syphilitics will cure *galico* but not *lupus*).

2. *Lepros*.—The flattened tubercles, hard, of the size of a lentil, as they unfold, especially on the external ear of the leprous, have given rise to confusion with the tubercles of *lupus exuberans*; but the lepromas rest on a bed, like oiled skin, are lustrous as if tincture of iodine had varnished them (Hebra), are ranged in clusters, the border raised, its superficial part fissured and crossed by the telangiectasic capillaries; and if they are pediculated they hang from the skin, overloaded, gross, and of diffused hardness.

Dr. Ugaz says, further, that it is usual—nearly infallible—that Peruvian *lupus* shows itself on the uncovered parts of the skin. Of 75 cases which he observed, in 48 the established site of ulceration was the skin of the face exclusively; 9 that of the hands; 15 that of the feet, which were not protected by shoes; and 17 that of the hands, face, feet and legs. He never observed a single case of *uta* absolutely in the neck, trunk, or other parts of the body *protected by the clothing*. As he has seen it, it *devours* often *the skin* of the hands, the external ear, the anterior nares, the palpebral borders, the upper lip, etc. This is because the lymphatics abound in those regions, especially the sites in which the skin is continued as mucous membrane. This anatomical observation makes it clear why *lupus* is secondary in these if it preserves its epithelial integrity. On the contrary, scrofulous manifestations have no known site. He believes that *uta* takes its birth in those parts in which the tuberculous virus has had a certain time to show its preference for the structure or organism. He believes that scrofulous individuals are the soil upon which the tuberculous virus of *uta* can implant itself. This corroborates also the etiology of *uta*, and shows us that the effective cause of the disease is not born with us, but that it is exotic, aerobic, especially as it localizes itself only in those parts uncovered for the most time.

There are also distinctive reasons in the pathologic physiology of the *llagu* of *scrofula*.

In the scrofulous child growth by repair of his inheritance scarcely begins before it is stopped by the infected glands ending in suppuration, or by persistent hyperplasias, coryzas, bronchites, leucorrhææ, and general inflammations, especially *rebellious* diseases of the mucous membranes.

The common people of Peru call *scrofula* the *soil incarnation*, for they say it responds to a swelling by an abscess, to a vaccination with the measles; it complicates itself with heterogenous morbid manifestations; to a simple perforation of an infant's ear (for ear-rings) with an eczema, to a simple excoriation of the hands with a whitlow, etc. As on one occasion I observed in a young girl, aged 14, that after I had cut deeply the *una* of her right thumb there supervened the most tenaceous *turniola*, which *only the baths of "Ancon" could definitely cicatrize*.

Fatal termination is usual in both processes, lupus and tuberculosis. We must not forget that an indigenous lupus separated from his native heath more quickly dies from a laryngitis, enteritis, phthisis pulmonalis, etc., diseases which are all *comparative* with *uta*, for the natives (Indians) call it *incipient period of phthisis*.

Dr. Ugaz resumes as follows: "Lupus in all the countries of Peru takes its primitive birth (*picadura* [puncture or inoculation] of *uta*) in those individuals of exaggerated lymphatism; or secondarily, in old ulcers (*llaga*) of that ill-defined state called *scrofuloses*, which Dr. Alfred Stillé of the University of Pennsylvania, as long ago as 1874, with admirable intuition called the *tuberculizable soil*."

Dr. Ugaz concludes: "That *uta* (*galico*, *llaga*, *Ilianya*, *tiacaraña*, *Iquespo*, and *Spondyle*) of Peru is *bacillary tuberculosis*, generally localized in the uncovered parts of the skin (*tubercular-derma*), and that its *only* treatment is endermic and *surgical*."

My own conclusion is that this *uta*, *galico*, *llaga*, etc., pre-Columbian lupus (with or without a complication of syphilis) is the disease represented on the *huacos* potteries, for some of those specimens represent the effects of the surgical treatment of that disease, the cutting off of nose and upper lip.

NOTE.—Dr. Alfredo Garcés in his work on Colombian Leprosy, in his chapter on diagnosis says:

Before treating of the diagnosis of leprosy, I must enter in some consideration of general pathology in this country. Scrofula is very common in it, while tuberculosis is extremely rare (?); the scrofula is so common that we may say with truth that there is not a family in which there is not at least one scrofulous individual. In no place have I seen more strumous tumors of the neck, the axillaries and the groin. The gnawing lupus of slow and invasive march appears frequently in its most alarming forms. I have seen three patients in whom nearly the whole face had disappeared under the action of scrofulous ulcers; in another the whole knee and part of the leg; in another the face, the elbows and the neck had been invaded by lupus. In the feet, in the legs, etc., are observed affections not unfrequently, and in a practice of six years I have observed not less than 12 lupi roe-clores, most of them in women. As to dematoses of scrofulous nature, it is difficult to find a place where they are more frequent: eczemas, impetigos, purpuræ, breakings out in children's faces, acnes are frequently observed. Anemia and the lymphatic temperament with thick lips, stout and colorless forms, epistaxis, hemophilia are met at every step; in one word scrofula reigns in Popayan and its environs, as reigns the paludic fevers in our heated lands (*terras calientes*), cholera in India, and yellow fever in New Orleans. (*Lepra en Popayan, por el Doctor Alfredo Garcés, Anales de la Academia Nacional de Medicina Trabajos presentados al primer Congreso Medico de Colombia Tom. I. Entrega Segunda Bogota, 1894.*)

[Regarding the photograph shown, which Prof. Bastian of the Royal Berlin Museum sent me in 1895, Mr. Wilhelm Von den Steinen said: "It is from Chimbote. The tip of the nose and the upper lip are destroyed, the cheeks 'flown out,' and furrowed with wrinkles or scars." I submitted the photograph after Prof. Bastian had sent it to me to Dr. Hansen of Bergen, Norway, and he replied: "that it did not present signs of leprosy." "There are no tubercles on it," he said, "and no phenomenon of anesthesia." It looks to me as if the person which it represents might have been mutilated by the knife for *uta*.—ASHMEAD.]



FIG. 8.—Pre-Columbian Huacos Pot (Von den Steinlin), front view.

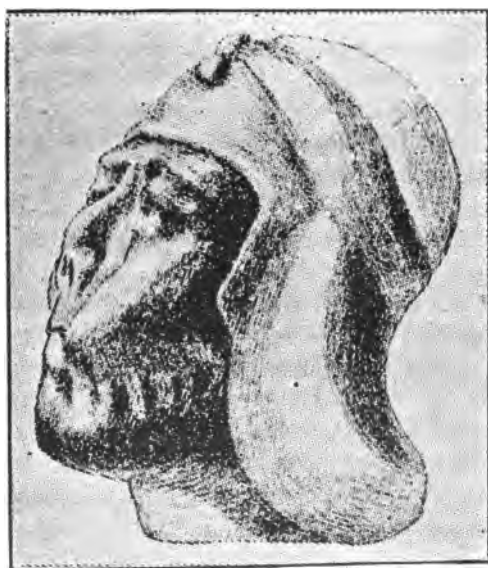


FIG. 9.—Side view of same.

SPLENIC ANEMIA—CASE—BLOOD CURED.

BY T. J. BIGGS, M.D., STAMFORD, CONN.

Mary P—, age 49 years, admitted on December 2nd; diagnosis splenic anemia. Patient complained of diarrhea and swelling of the abdomen. An examination showed a tumor in the left side of about two years' standing. For three years she had been a sufferer from progressing anemia with greatly enlarged spleen. There was nothing of any moment in her family history and no history of any other diseased condition. Malaria was not present. She said that three years previous to my seeing her she had an attack of diarrhea and shortly after noted a swelling in the left side beneath the costal margin. From the onset her color was bad—of a grayish-brown, unhealthy tint. Diarrhea had been almost constant, and great care had to be taken in her diet. In spite of this the patient said she had never passed any blood or mucus, and on several times within the three years there had been intervals when the diarrhea had entirely stopped. The swelling on the left side, she said, had steadily increased and now caused a heavy, dragging, uneasy sensation. There was no edema or ascites. The patient was a slight woman with a highly anemic appearance, mucous membranes pale, tongue slightly coated, and some pigmentation. Murmurs at the base of her heart could be discerned. On the left side a bulging just to the left of the umbilicus was a marked prominence. An examination showed a large solid mass with sharp border and one well defined notch just above the navel. The whole mass was readily movable and on percussion extended over the seventh rib. Examination of the blood showed hemoglobin about 55 per cent., red blood corpuscles 2,900,000 per cubic millimeter. The corpuscles were pale, the red blood corpuscles not nucleated. The fauces were of a greenish-brown color, containing no blood or mucus or parasites. Of this I am certain, for they were frequently examined.

The patient was put to bed, the secretions regulated, an elastic abdominal belt applied, and bovine ordered, a teaspoonful every hour in peptonized milk. Also one-twentieth grain biniodide of mercury every three hours.

December 28th. The bovine was increased to two teaspoonfuls every hour.

January 6th. The bovine was increased to a tablespoonful every two hours.

January 15th. The diarrhea had ceased, the patient was feeling stronger, her color was better; examination of her blood showed hemoglobin to be about 60 per cent., white corpuscles slightly over 5,000 per cubic millimeter. The urine, outside of just a slight trace of albumen, was normal.

January 29th. The bovine was increased to a wineglassful every three hours, the mercury discontinued. The patient made a steady and uninterrupted recovery and was discharged cured January 29th.

The Petrified Man.—Hr. R. Virchow showed a patient who had been shown before in 1894 by Schwartz. He was the subject of general exostoses. At the same time he showed a preparation from the museum of bones cut out from the fascia lata. The affection had progressed in the case shown in several directions. Röntgen illumination showed that there was an accessory formation, but the growths lay so close together that they looked as if there were two limbs. From the results of recent inquiries into acromegaly, the speaker was of opinion that the case was one of that class. The changes shown affected not only the toes but all the bones of the body. He believed that acromegaly was also an ossifying process that showed itself first in the bones. In a case observed for years in the Charité, a gradually growing tumor developed in the knee, and after amputation of the leg and healing of the wound, the patient died some months after of weakness. The autopsy showed all the bones of the body, from the feet to the neck, covered with a new bony layer. The question as to the origin of the affection, one of the most interesting in etiology, was hitherto unanswered. It could not be a metastasis, as some had assumed, as there were neither mobile elements nor blood-vessels nor nerves. In the case before them the new formation had developed like a suit of armour around the patient. It was not in immediate connection with bone, but had developed para-osteally. The bony bridges and processes passed in various directions, became united, and extended through the soft parts, where there were no bones. Some Röntgen views of the case were then shown, and some details given as to the previous history of the case.—*Med. Press.*

A CASE OF LEUCODERMA OF LEPROSY IN A JAPANESE SUBJECT.

BY ALBERT S. ASHMEAD, M.D., NEW YORK.

I translate from the *Sei-I-Kwai Medical Journal*, February 28, 1900, pages 10, 11, 12, Japanese part, as follows:

"About Leucoderma of Leprosy (Ueber den Weissen bei der Lepra auftreten den Flecken,)" by Dr. S. Suzuki:

R. T., male, aged 21, formerly a farmer, now a marine. I saw him first January 19, 33rd year of Meiji (1900). Paternal grandfather is dead, age unknown; maternal grandfather died at the age of 80; of their last sickness he has no knowledge. His father died in the civil war of 10th year of Meiji (1877); his mother is living, aged 59 years. His father's sister had some "itching skin disease," of which she died after three years. The doctors called it a "nervous disease." Another aunt died of a "long-continued worrying unknown disease." His father has eleven brothers and sisters. One brother and three sisters died after being sick one year. Another sister died with white spots on thigh and hip which formed blisters. Another sister died like the aunt ("with itching skin disease, lasting three years"). His father's sister's daughter died, as is said, with a "nervous disease." She was for some months crazy. Some foul discharges came "from the nerves." My opinion is that she had cancer or syphilis. Another cousin of the patient died of "melancholic disease." A doctor attended her for two months.

Some years ago the present patient discovered some white spots on the skin of his right thigh, inside surface, and front of left knee, about the size of a Japanese two-cent piece. Under carbolic acid "liniment dressings" these disappeared.

Last June, 32nd year of Meiji (1899), there appeared on right hip a small white spot, which enlarged gradually. *It had no sensation*; he could thrust needles into it without feeling them. Someone called his attention afterwards to a white spot behind his left ear.

Upon examination, the patient appeared to be of medium constitution and nutrition. There is a white spot on upper part of right hip shaped like a gourd, slender at the top, broadening downward. The upper limit extends from right hip bone (ant. sup. spin. process) to buttock bone, 5 centimeters lower part;

21 centimeters in upper part; width, 20 centimeters in widest part of diameter, and 4 centimeters in narrowest part. The margin is well delineated, it is reddish; but the center is of waxlike whiteness and studded with bean-shaped reddish specks; it looks smooth, shiny and tender. *It is hairless*, excepting some hairs remaining in the specks. He never suffers pain by piercing the spot where the disease is less advanced, that is, in the reddish margin. Nearest the well tissue there is still some sensation, but in the *white* part none. There is a spot behind the right ear 4 centimeters long, which is like the one behind his left ear. The sensation here is like in the other spot (some in the reddish margin, but none in the white center), to the touch there is no difference. The nails of the fingers and toes are thin, round and small. The third phalanx of the little finger has suffered; the nutrition is poor, *and there is atrophy*. The joints are stiff; he cannot extend the finger. His three brothers are in the same condition (*leprous clawing of the hand*).

Dr. Sazuki concludes: From the condition of finger—that as Leloir claims that vitiligo is due to a lesion of the central nervous system, there should be in the patient symmetry of sensation and motion. From the spots—that as Max Joseph claims, that vitiligo is *never caused* by leprous anesthesia, that the vitiligo spot *never* is anesthetic, and but rarely loses its hairs, the patient *must be* an anesthetic leper.

As the symptoms are still somewhat miniature (there still remain specks in the white spots), he withholds his positive opinion until he has had time for further observation and for microscopical analysis.

[NOTE BY DR. ASHMEAD: *Unsymmetrical* leucoderma, with loss of hair, no whitening of remaining hairs, absence of sensation to the bone (not superficial), and with symptoms of atrophy and clawing of fingers in a family where leprosy prevails, is *undoubtedly* anesthetic leprosy. *Dr. Sazuki will never find the bacillus in leprous leucoderma.*]

The Western Surgical and Gynecological Association will hold its next meeting at Minneapolis, Minn., December 27 and 28, 1900.

THE USE OF HYDROZONE AND GLYCOZONE IN GASTRIC AND INTESTINAL DISTURBANCES.

BY W. H. VAIL, M.D., ST. LOUIS,

Medical Examiner for Fraternal Mystic College, Philadelphia, Pa.; Assistant Editor St. Louis Hospital Bulletin; Visiting Surgeon to Mayfield Sanitarium; House Physician for Wm. Barr Dry Goods Co.

I have for a long time been rather enthusiastic over the value of hydrozone and glycozone in treating diseases, and can attribute much valuable assistance and extraordinary results from their use in the last few years. The medical profession, in fact, has never gained such remarkable results from the employment of any production as it has from the use of these preparations, and my recent effects have almost, in a measure, surpassed them all. I will give a brief report of one remarkable case. I could mention several others, but a physician's time is valuable, and often he has not the moment to spend in perusing a legion of cases, so I select this one, it being the severest of all, to demonstrate the potency of hydrozone and glycozone.

I was called to treat a young man suffering from a severe gastro-enteritis. I found him in a most serious condition, having been delirious for three days. His temperature was sub-normal, 97.6°, pulse 60, respiration 16. He was greatly emaciated, atonic, had inappetence, a severe agonizing pain in the stomach and intestines, at times so severe that he would sit on the edge of the bed and groan, oftentimes yell. These attacks were always of a similar nature and occurred regularly. He was unable to take either solid or liquid food even in small quantities without causing a return of the pain, a teaspoonful of milk being sufficient to produce it. His condition was pitiable. His cheeks were hollow, eyes congested, skin pale and sallow, and his whole appearance showed the presence of intense pain.

I was called at the end of the third week of his illness. The former physician had employed opiates in large doses with most worthless results, also many other drugs with not a sign of improvement, he growing seriously worse. I determined that hydrozone and glycozone were the remedies indicated and were the only ones that would be of value here; therefore I gave him at once one-half glass of a mixture of one-half ounce of hydrozone with a little honey to one quart of water. He was somewhat disturbed for a while after the potion, but was soon relieved. The

distress, I presume, was due to the advanced stage of the inflammation. I continued to administer this for some time, with only a slight improvement, but after several doses had been taken the relief was very decided. After his nourishment I gave one teaspoonful of glycozone in a wine-glass of water. After a few doses of this he was much easier, and at midnight fell asleep and slept all night, not awakening until morning—the first sleep that he had had in five days. I had previously discarded all other remedies, of which there was a large number, as one after another was given with no benefit. All of the acute symptoms disappeared in a few days, at which time he felt very much better, and he continued to improve without having a recurrence of any of his old severe symptoms. Before this I had increased both the nature and the quantity of his food, which he relished greatly. I continued the hydrozone and glycozone for a month after, to entirely reduce the inflamed condition of the mucous membrane of the gastro-intestinal tract. These two remedies have afforded me most excellent issues many times in the treatment of gastric and intestinal disorders.

All gastric and intestinal disturbances are caused by the lining of the stomach becoming inflamed, and in order to allay this inflammation it must first be treated with antiseptics, then with medicaments that both heal and stimulate the mucous membrane that has become diseased. The most common cause for this state of inflammation is a greatly diminished quantity of gastric juices necessary for digestion; consequently the food partaken of, instead of being assimilated, ferments; in other words, the peptic glands, whose function is to secrete the gastric juice, do not perform their function properly. These must be restored to their normal state at once, which is accomplished by remedies that exert a stimulating effect upon them, and at the same time are non-toxic, else the trouble will only be aggravated. Hydrozone and glycozone are the two remedies par excellence for these two purposes, and the success that I have obtained from the employment of them during the past few years will lead me to always use them in these disorders.

Hydrozone causes destruction to microbes, has no deleterious action upon animal cells, possesses no toxic qualities, exerts no corrosive effect upon healthy mucous membranes when used in diseases caused by germs, is a pus destroyer and a stimulant to

granulating tissues. Hydrozone is destruction itself to the skin or mucous membrane that has become diseased, and leaves the subcutaneous tissues in a perfectly healthy state.

Glycozone, while not so rapid in its action as hydrozone, is nevertheless just as sure a stimulant, and in all gastric and intestinal disorders exerts a potent and uninjurious effect upon the diseased mucous membrane of the stomach, healing it to a nicety. It is an effective oxidizing agent, has an agreeable, sweet, and at the same time slightly acid taste resembling lemonade. Its use produces no deleterious action on the heart, liver or kidneys.

The beneficial results which hydrozone and glycozone have afforded me in the treatment of this class of disorders have caused me to discard all the other methods of treatment by drugs that exert an ephemeral influence but do not jugulate the offending condition. What is needed in these diseases is an antiseptic that will destroy all pathogenic germs and at the same time stimulate the walls of the stomach. Hydrozone kills the bacteria, dissolves the mucous, and prepares the stomach to better digest the food; in short, it deterges the stomach, hence in it we have an efficient antiseptic. Glycozone removes the mucus from the walls of the stomach, stimulates and heals. I have discovered these two preparations to be ideal ones in treating this very common and distressing disorder.—*Medical Mirror*, Dec., 1899.

The Medical Society of the Missouri Valley.—This Society held its annual meeting at Council Bluffs, September 20th. Three sessions were required to complete a most interesting program, and later, at the Grand Hotel, the members gathered around the festal board, where they recuperated from the labors of the day.

The society voted to contribute \$25 to the Rush Monument Fund, and a resolution was adopted providing for a banquet after each meeting.

The following officers were elected: President, Dr. V. L. Treynor, Council Bluffs; first vice-president, Dr. B. B. Davis, Omaha; second vice-president, Dr. F. E. Sampson, Creston; treasurer, Dr. T. B. Lacy, Council Bluffs; secretary, Dr. Chas. Wood Fassett, St. Joseph. Next meeting, in March, 1901, at Omaha.

SOME NOTES ON THE USE OF MERCUROL; A NEW REMEDY IN URETHRITIS.*

BY RAMON GUITERAS, M.D.,

Professor of Genito-Urinary Surgery in the Post-Graduate Medical College of New York; Lecturer on Genito-Urinary Surgery in the University of the City of New York.

The author states that he has thoroughly tried mercuriol in his clinic, and from his experience has drawn certain conclusions, which he presents in this paper. After describing the chemical nature of mercuriol, he states that he found the weaker solutions had little effect and the stronger solutions were at first irritating. He finally concluded that the average strength best borne by the patient is ten grains to the ounce, or approximately two per cent. After having reached this conclusion he had the histories of one hundred cases recorded, in thirty-three of which an examination for the gonococcus was made, revealing its presence in thirty cases. In the remaining sixty-seven cases a clinical diagnosis was depended upon, since the writer considers the experienced eye competent to recognize the disease. In one extremely interesting case no gonococcus could be found in the urethral discharge, although gonococci were present in that of some venereal ulcers on the glans.

In these cases a two per cent. solution of mercuriol was ordered, which the patients were directed to inject three times a day, after micturition, the injection to be held within the urethra for five minutes at each operation. The clinical reports of the cases show that frequently in two days after beginning the use of mercuriol, gonococci could no longer be found in the discharge.

The author discusses at some length the value of the term "practically cured," and sums up his argument by saying that to draw conclusions of value we should consider only cases that have been under treatment for three or more weeks, omitting those making but a few visits. On this basis he eliminates all but sixty-five cases from his report and tabulates these as follows:

Ten cases were cured in four weeks, or 15 per cent.; fifteen cases were cured in six weeks, or 23 per cent.; twenty cases were practically cured, as there was no discharge, though there were some shreds in the urine at the end of from four to eight weeks, 30 per cent.

*Abstracted from *The Lancet*, London, England, September 22, 1900.

One of the most valuable observations that the writer has made is the fact that *only two cases suffered from complications*, one having developed gonorrheal rheumatism, and the other epididymitis. He states that this fact in itself would tend to argue much in favor of the use of mercuriol, for where is there any other solution or mixture which does not show a greater percentage of complications? When we consider that many writers claim that epididymitis occurs in 20 per cent. of all cases of urethritis, the rate of one per cent. reported in this series of cases argues much in favor of mercuriol as a harmless, yet efficient injection.

Another interesting feature is that in only one of the one hundred cases was there any marked posterior urethritis. Therefore it would seem that *mercuriol quickly destroys the gonococcus, lessens the severity of the inflammation, and tends to prevent the development of complications*. From a comparative study of the different methods of treating gonorrhea, the author concludes that treatment with mercuriol is an advance beyond the older methods with balsamics and astringent injections.

Alvarenga Prize of the College of Physicians of Philadelphia.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1901, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered.

Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the Secretary of the College on or before May 1, 1901.

Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author.

It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College; other essays will be returned upon application within three months after the award.

The Alvarenga Prize for 1900 has been awarded to Dr. David De Beck, of Cincinnati, Ohio, for his essay entitled "Malarial Diseases of the Eye."

THOMAS R. NEILSON, M.D., Secretary.

ANEMIA AND ITS RATIONAL TREATMENT.

BY W. E. HOLLAND, M.D., CHICAGO, ILL.

Consultant, Mary Thompson Hospital; Assistant Gynecologist, Illinois Medical College.

From the standpoint of our present knowledge there is no contesting the fact that in all forms of anemia iron alone, or in combination with other recognized remedies, stands without a peer. The results accruing from its use, however, are in direct ratio to the assimilability of the preparation used.

The condition of the digestive organs during the administration of iron, and the consequent lack of power to utilize the remedy as ordinarily prepared, have presented a very discouraging prospect for the patient and disappointment to the physician, who finds that nearly all the chalybeate compounds can be tolerated but a short time—much shorter than is necessary for the accomplishment of the desired result, producing almost invariably loss of appetite, irritability of the stomach, obstinate constipation, headache, etc.

With an experience of some time in hospital as well as private practice, during which I have been fortunately or unfortunately blessed with an unusual number of complicated and apparently uncomplicated cases of anemia, I have had the inclination and quite ample opportunity to test the various ferruginous simples and compounds as to their relative merits; and of all used preparations those of the solution of pepto-manganate of iron, for their acceptability, unirritating properties and relative efficacy, held deservedly undisputed sway and preference, until the preparation "hemaboloids" was brought to my notice. Skeptical and slow to depart from well tried though not entirely satisfactory paths, I at last did experiment in a case that had resisted not only my efforts but those of a number of recognized therapeutists, and obtained unusually satisfactory results.

No irritation of the stomach, no anorexia, no constipation, no headache; but, on the contrary, increase of appetite, regularity of the bowels, increase in bodily weight and red blood count.

The following is a record of the most obstinate case treated, which may be regarded as a fair specimen result obtained in upwards of twenty-five cases.

This case was of particular interest since the patient presented an exceedingly unfavorable tubercular history, her mother being affected at the time and two sisters having died of the malady.

Treated with hemaboloids, one-half ounce after meals and at bed time.

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|-----------|------|------|------|------|--------|------------|------------|-------|-------|
| 1st week, | wgt. | 157, | Hem. | 57%, | R.B.C. | 2,900,000, | W.B.C. | 8,500 | |
| 2d | " | " | 158, | " | 60%, | " | 3,200,000, | " | 8,000 |
| 3d | " | " | 160, | " | 65%, | " | 3,800,000, | " | 8,000 |
| 4th | " | " | 163, | " | 73%, | " | 4,000,000, | " | 7,000 |
| 5th | " | " | 162, | " | 73%, | " | 4,300,000, | " | 6,500 |

Various preparations have from time to time been lauded for their effect upon the blood and the blood-making organs, and many of the old tried and new remedies have virtues of varying degree, and I have had a reasonable measure of success with all of them; but from the almost uniformly gratifying results from the use of the remedy just cited, it certainly has in my hands and from my experience been the remedy "par excellence" and well worthy of a trial in all those obstinate forms of blood impoverishment which resist other recognized treatment.

In closing, let me further remark that in the treatment of these cases the necessity and benefit of carefully selected, concentrated diet, regularity of feeding, fresh air, salt baths, and last, but not least, keeping the intestinal tract in an aseptic condition, must not be lost sight of.—*The Medical Times*.

Leprosy in Germany.—From a report on leprosy in Germany just published by the Imperial Board of Health, we gather that twenty-two undoubted cases of leprosy were officially known in Prussia at the end of last year, being the same number as in 1898. In most instances the disease was contracted in foreign parts. The Memel District is the only one where the disease is endemic, and we are promised a more strenuous search for undiscovered cases, in accordance with the resolution of the International Leprosy Congress.—*Ex*.

Why Chinese Eat Rats.—The *Lahore* (India) *Tribune* quotes a Chinaman's explanation of the use of rats for food purposes as follows: "What a carrot is to a horse's coat, a rat is to the human hair. Neither fact can be explained, but every horseman knows that a regimen of carrots will make his stud smooth and lustrous as velvet, and the Chinese, especially the women, know that rats used as food stop the falling out of hair and make the locks soft, silky and beautiful. I have seen it tried many times."—*Dietetic and Hygienic Gazette*.

SOME SCINTILLATING FEATURES REGARDING THE THERAPEUTICS OF ECZEMA.

BY WM. HOOKER VAIL, M.D., ST. LOUIS,

Assistant Editor St. Louis Hospital Bulletin; Visiting Surgeon to Mayfield
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Physician for the Guardian Company.

Eczema, otherwise known as salt rheum, is a typical illustration of dermatic disease, superinduced by a catarrhal, scrofulous, gouty or rheumatic state of the blood, or due to blood humor. A mere taking cold or a slight chill may produce an internal catarrh of the head, lungs, inflammation of the joints, muscular rheumatism or eczema. When the blood is thrown thus into a feverish state, it is unknown what it is that determines the locality of the diseased action, but from the appearance as well as its relations it is quite clear that an eczematous eruption is a catarrhal inflammation of the skin, having no external irritation that is visible, but accompanied by serous discharge. It has been stated that true eczema cannot be induced in any form of external irritation in an individual who is perfectly healthy, but that it is caused by an excessive quantity of excrementitious material, accumulating and being retained in the blood, which the kidneys would eject as soon as formed under normal conditions.

This disease appears in many forms, and often lesions, in which are included pustules, papules, erythema, scales, cracks, vesicles, crusts, etc., and location, chance of local irritation and other factors determine its appearance; but nevertheless it is an inflammation accompanied by heat, swelling, redness, and discharge, the serum after it oozes from the surface cakes, then cracks, and fissures are formed which leave a raw, angry surface when the scales fall off. There is an intense itching, burning sensation attendant upon it, varying according to the degree of inflammation, the general condition of the patient, and the amount of surface involved. Some people can endure but a little of this disorder, while there are others who can tolerate much with very slight discomfort. It may attack all portions of the body, but the face, arms, hands, ears, scalp, joint surfaces, anus and genitals are its favorite locations, and when the latter two are assaulted one indeed is rendered most miserable, and the integument of these two parts, instead of remaining thin and tough, becomes thick and exceedingly tender; hence the functions which these parts of the human anatomy perform are accomplished with extreme pain,

owing to the cracking of the skin under these trying conditions. It seems to me that if anything in the line of pain and torture would render one insane, it is to have these parts attacked by any form of eczema.

This multiform skin disease in its many different varieties is the most frequently met with and heads the list of the myriad disorders of this name, constituting about one-third of all the cases that apply for relief, and it is exceedingly essential that the practitioner acquire as correct a conception of the disease as possible in order to distinguish it from other dermatic troubles, as well as to treat it successfully, and it requires deep study and careful observation as well as genuine erudition to diagnose the several types, each with its different variations, for these types are the distinct stages of the affection—a mere smattering knowledge will avail nothing.

It is well to know that in eczema there are six general symptoms, some of which have been casually mentioned before in connection with other ideas, but I will mention them more lucidly again: itching, burning and tingling sensations, often accompanied with more or less pain; rubescence; erythema, pustules, papules, vesicles or exudation; scaling and crusting; infiltration, thickening, fissures. To describe these several symptoms would be impossible in a work of such limited scope, for each one could form the basis for volumes to be indicted upon it. This portion will have to be considered at some later date; suffice it to say that eczema appears to be transmitted from one generation to another. There are some, I am well aware, who will disagree with me; but be that as it may, such has been my opinion for some time, and from eminent authorities upon the subject together with my own personal experience, which is a very excellent teacher, I base my declaration. In this disorder of the skin we recognize two classes of causes—general and local, or in other words, external and internal; and practice and observation have taught me, and will do the same for others, that eczema may arise from any skin irritation, no matter whether it be toxic, functional, chemical or traumatic, while among the constitutional causes are the neurotic, gouty and strumous conditions; and it is also stated by renowned students of this branch that micro-organisms produce it as well as air and water. The most perfect and simplest manner of dealing with this complicated theme is to consider thoroughly the

forms of the disease which assault the various organs of the body, which knowledge will enable one to become also familiar with the other diseases to which the integument is subject.

The diagnosis of eczema in its numerous forms is not an easy task by any means; hence my former statement regarding a thorough study and mastery of it, for nothing but this will enable the physician, especially the young, inexperienced one, to hold his own and combat the trouble as this measure. Indeed, many older practitioners would do well to devote a little more time to its study, if humanity is to be benefitted by their labors, else the young, up-to-date physician who is ambitious to rise will step in ahead of him every time. When this disease is confined to the face it has the appearance of *acne rosacea*, *erysipelas*, and *erythema*; upon the lips, it resembles *herpes labialis*, or mucous patches; in the beard, *tinea barbæ*, or *sycosis*; on the scalp, *favus*, *pediculosis* and the pustular syphilide, and the scaly variety resembles *psoriasis*, *seborrhea*, *tinea tonsurans*, and *pityriasis* and chronic *favus*; on the legs, the disease is not unlike varicose veins caused by syphilis; on the dorsum of the hands, it is similar to papular *erythema*, *scabies*, *lichen planus* and *dysidrosis*, while on the palms or soles it is like *psoriasis* or squamous syphilide; in the axillæ, it has an appearance of *tinea* of that portion; on the trunk, it is very suggestive of *tinea*, *herpes zoster*, *psoriasis*, *pityriasis* or syphilis; on or about the breasts, it can easily be taken for *epithelioma*; while environing the anus and the genitals, it is an easy matter to confuse it with *pediculosis pubis*, *tinea cruris*, *scabies* or syphilides. Thus it can be readily comprehended why it is that I have laid great stress on a profound understanding of the subject, which can only be gained by devoted attention to its study.

Perhaps just as difficult and important as the diagnosis is the treatment, in which the management plays an all-important part. Under the latter we would include diet and hygienic conditions, which should suit each individual case and be adapted to the general diseased state. The food must be nutritious and easily assimilated, sugars and starches must be eliminated; but sometimes fats are very beneficial, but not in all cases. One must not be overfed; this must be guarded against. Indeed, dieting in some instances will be found most efficacious. Alcoholic drinks must be eschewed and attention paid to the bowels and stomach.

Locally this form of treatment varies also; but I have obtained most excellent results from the usage of Diamond Eczema Cure, no matter whether the conditions were irritated, acute or chronic, and I have employed it largely here of late in all forms of eczema and skin diseases, including pimples, blotches, pustules, psoriasis, intertrigo, and excoriation, chapped skin, hives, erythema, favus, ichthyosis, crusted tetter, ulcers, bruises, burns, wounds, etc., finding it an efficacious and infallible medication for the indications. It is a most powerful allayer of that intense itching and burning accompanying all forms of this disease, and not only is the relief temporary, but permanent if treatment is adhered to conscientiously and religiously. To authenticate my statements in regard to its great potency in the treatment of eczema and kindred skin diseases, as well as to demonstrate its utter harmlessness, I furnish the citation of several cases treated by me with this preparation, and which made most excellent recoveries:

CASE 1.—Mrs. James A. L., aged 24 years, five months pregnant, presented a most persistent case of pruritus vulvæ. The itching was continuous and almost unendurable, the vulva and environing parts also being affected. She had used many medicaments without even a soothing, palliative influence, had lost in weight considerably, and was altogether a most distressed individual. I immediately began the treatment of Diamond Eczema Cure, applying it freely, and then thoroughly moistening a linen cloth and laying on the portions affected, but before doing this I had the parts cleansed with pure water to remove the remnants of the former medications she had employed. Diamond Eczema Cure afforded instant relief, and in four days she was entirely and permanently cured. I applied the remedy four times a day, and oftener if necessary.

CASE 2.—Mr. F. H. T., aged 21 years. The scrotum was very tender and irritable, and both testicles were quite sore, tender and extremely painful. He stated that he had been troubled with it for about three months, and had been using many remedies advertised for the cure of the disorder, with no relief, and, if anything, was worse than at first. I first cleansed the parts, as I do in every instance, bathing with hot water for about ten minutes, then applied Diamond Eczema Cure, bandaging the parts with linen cloths wrung from this solution, but leaving quite moist. This was at night, and the patient slept the entire

night, not having done so for a long time. I ordered the parts dressed every day, t. i. d., and just before bed time, and in a week he was well in every particular, not having had any pain since the second application.

CASE 3.—A gentleman, aged 44 years, called on me for treatment for an obstinate case of eczema of the hands, which had been troubling him for three years, and which had resisted every other form of treatment and medication. After carefully examining into the case, I diagnosed it as a case of eczema scleriosis, and began the use of Diamond Eczema Cure at once. He commenced to improve after the fourth application; slowly at first, but at that time it was quite perceptible. Treatment was continued constantly for ten days, morning and evening, and at the end of the tenth day I ordered him to discontinue its use, as it was unnecessary further, and discharged him as cured.

CASE 4.—An infant, aged 4 months, was the patient. There was a watery blister covering the entire head and face, accompanied with intense itching. Eczema was the trouble, so I had the little sufferer's face and head cleansed with pure soap and water once every day, and applied Diamond Eczema Cure three times a day and before going to bed, and in a week there was the most remarkable result, and in twelve days there was no sign of an eczematous condition.

CASE 5.—A lady, aged 48 years, was afflicted with erysipelas. There was intense itching and burning of the right foot, and blisters were also present. She had suffered with this for about ten days, and nothing having given her even temporary relief, she was consequently in a very nervous state at this time. She had scratched the parts until they were raw and bleeding profusely. Having deterged the affected portion with pure soap and water, Diamond Eczema Cure was applied, bathing it in this solution for about ten minutes, then applying a good dressing of it and placed over all a linen cloth. In just exactly 30 minutes the itching and burning had entirely ceased, and on the third day the dressing was removed for good. She had no more trouble with it.

CASE 6.—A case of chronic salt rheum of two years standing, that had baffled a half-dozen good practitioners, was cured by me in a very short period with this remedy. He had lost the nails of his fingers quite a while before coming to me, and the hands were a collection of sores, which caused great pain when they would

crack open, besides the itching was agonizing. I employed Diamond Eczema Cure profusely on this case, rubbing it in well each time it was dressed, and the result was that in less than two weeks the hands were completely healed, and from the first application of this remedy the itching ceased and the pustules and cracking began to diminish until everything was in a normal state, and the skin pliable and soft. He is at this time entirely rid of the affection.

CASE 7.—A mechanic, aged 45 years, suffered with pruritus ani severely. He would scratch at the parts, until the surface would be left in a raw, angry state, when the pain succeeding would almost drive him distracted. With this exception he was a perfectly healthy person, but for many years he has been a sufferer from this trouble. Diamond Eczema Cure relieved him of the distressing itching, burning and pain after the second application, but it was kept up for ten days, making application twice a day, then the last three days once a day.

CASE 8.—I had most marvelous success with Diamond Eczema Cure in two severe cases of wounds, caused by rusty nails. After thoroughly cleansing the wounds with nothing but good soap and water, I saturated a pledget of absorbent cotton with Diamond Eczema Cure and applied it to the sores, letting it remain on for twenty-four hours, without disturbing it. One case was cured with this one application, but the other, having been neglected for two days before coming to me, required a second application to subdue it. Both made prompt and permanent recoveries.

CASE 9.—A case of hives in a child, aged 3 years, was most effectually relieved and eradicated by this eczema cure. This patient had been subject to this eruption ever since birth, more or less, and the mother had tried many remedies reputed to cure it, but without success. When the child was brought to me I prescribed Diamond Eczema Cure, and in two days the eruption had totally disappeared.

CASE 10.—A child, aged 2½ years, was burned by overturning a pot of hot coffee on itself, the contents falling over the lower limbs from the pelvis down, and scalding it so badly that when the clothing, especially the shoes and stockings, were removed the flesh came away with it in large patches. The smarting and burning were intense, and I was fearful of convulsions, as it was a very nervous child, but the first application of Diamond Eczema

Cure relieved the smarting and burning magically, and the child dropped off into a gentle sleep. By applying this remedy carefully and promptly, it healed rapidly and left no scar nor other disfigurement.

CASE 11.—A young lady, aged 21 years, had had acne for the past three years. The eruption confining itself to her face, which was most disgusting to behold, and so mortified her that she refrained from appearing among people any more than she could help. A few applications of Diamond Eczema Cure cured the eruptions, and now more than a month has elapsed since the last application, and no more have appeared.

CASE 12.—An old gentlemen, aged 72 years, had an old indolent ulcer on the left leg, and this had bothered him for the past twenty-five years. It was an obdurate one, and had been treated by many able physicians, besides he himself had used many various medications on it, but all to no avail. He came to me, and I prescribed Diamond Eczema Cure, and it furnished a cure most speedily, and which was permanent. Six months have gone by since I pronounced him cured, and he reports no relapses of any nature.

In all skin troubles, whether functional, constitutional or accidental, I make it a point to carefully regulate the diet, prohibit spirits of any nature, advise plenty of fresh air and sunshine, and try to improve the environments, making them as sanitary as possible where it is requisite, and, last but really first, in my treatment, after the relief of the pain, evacuate the bowels and keep them open during the whole time of treatment.

Effects of Close Shaving.—A writer in the *Medical Classics* looked through a microscope at a closely shaved face, and he reports that the skin resembled a piece of raw beef. "To make the skin perfectly smooth requires," he says, "not only the removal of the hair, but also a portion of the cuticle, and a close shave means the removal of a layer of skin all around. The blood-vessels thus exposed are not visible to the eye, but under the microscope each little quivering mouth holding a minute blood-drop protests against such treatment. The nerve-tips are also uncovered, and the pores are left unprotected, which makes the skin tender and unhealthy. This sudden exposure of the inner layer of the skin renders a person liable to have colds, hoarseness, and sore throat."

ST. LOUIS

Medical and Surgical Journal.

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Editor and Proprietor.
No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

Vol. LXXIX.

NOVEMBER, 1900.

No. 5.
Whole No. 719.

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EDITORIAL.

THE PROPER DOSAGE OF REMEDIES.

In the reading of a practicing physician he is called very often to consult works for the purpose of ascertaining the best treatment to adopt in a disease, and naturally he is given a list of remedies, the frequency with which they are to be administered, the manner in which they are best given, and the dose. It is concerning this last that we desire to say a few words. Modern scientific investigations have been pushed to quite an extent to determine the action of remedies, and these experiments have been made upon healthy animals. By a very simple calculation the physiological dose for a healthy human being is determined, and this is, in too many instances, put down as the dose of that medicine. This is followed by authors in works on materia medica, with the result that the information is not exact. It may be argued that the student or timid practitioner is given a safe dose and one which will never endanger the life of his patient through the toxic action of the remedy. On the other hand, it is equally true that not administering the proper dose may prove equally

fatal, by not furnishing a sufficiency of that which otherwise would obtain favorable results.

How often does it not occur that a patient will not improve, remains in *statu quo*, under the medication of a competent man, who is perhaps a little too careful. When a colleague suggests higher doses, it is not such a rare thing to see the patient rapidly recover and success crown the same treatment suggested more by experience than by text-books. Many is the time that we have seen this occur, more especially in the case of syphilis. Giving a small dose of iodide of potassium produced iodine intoxication, whilst not improving the disease, and a large working dose not only disposed of the iodic eruption, but improved the luetic condition in a marked degree in a comparatively short space of time. Cases are numerous in which a hypodermic injection as determined by physiological experiments will prove entirely inadequate. In many cases this is due to the fact that the physician does not investigate into the susceptibility of his patient, and is very apt to give a physiological dose to a habitué, and in consequence will obtain no medicinal effect whatever.

And this is the condition of affairs not only with Galenical preparations, but with reference to proprietary remedies which have come here to stay. It will be found, by all who investigate them, that they are in general safe, and one of their faults is that the doses are as a rule somewhat too small. The manufacturers are naturally guided in their dosage by the standard works on *materia medica*, and will not transgress the limits there set down. This is certainly a wise procedure on their part, and yet a certain latitude may be taken with the directions set down. Thus in the treatment of rheumatism tongaline may be given in doses of three teaspoonfuls and even of four if the exigencies of the case demand it, despite the fact that the manufacturers advise but one or two.

Far be it from us to desire to become the advocates of heroic medication. If such is really necessary counsel should be first sought, in order to avoid all possible danger. On the other hand, too much timidity is reprehensible, and familiarity with drugs, their doses and action will soon put the physician in the position of being able to use them to greater advantage to himself and his patients.

MEDICAL PROGRESS.

MEDICINE.

Cleanliness in the Sick Room.—Justice to both patient and physician demands that the sick room be septically clean, especially in the case of contagions. To be clean in the sense of the word as used by the housewife is not sufficient. The free use of reliable antiseptics and germicides is all important and absolutely necessary. This can be best accomplished by a liberal use of Saola (Tilden's), diluted three parts to seven parts of water. Cloths wrung from this solution and hung about the room moistens and purifies the atmosphere. Vessels of every character should be disinfected by a free use of this solution. Saola is preferable to all others, inasmuch as it is absolutely odorless and non-poisonous; therefore safe in the hands of children and servants. Being colorless it will not stain the most delicate fabric. A disinfectant of the most pronounced germicidal properties. A liberal use of Saola (Tilden's) is especially recommended in the presence of epidemics, such as diphtheria, typhoid fever, etc.

Chronic Constipation.—Cheadle says that the treatment of chronic constipation is a subject of considerable importance and deserves more attention than it usually receives. It lies for the most part outside hospital practice. It is a frequent source of trouble to the practitioner and sometimes of discredit to him. In the first place, if treatment is to be successful it must comprise something more scientific and comprehensive than the mere administration of occasional aperients. It is not enough to open the canal when blocked or sweep it clear of accumulations which have lodged there. The essential point is to establish, if possible, such a habit of daily evacuation that accumulation of noxious waste and its evil consequences may not recur, to modify the condition permanently if the age and condition of the patient render such a consummation possible. In order to do this the causes which give rise to it must be thoroughly understood, removed, neutralized, or compensated.—*Med. Rec.*

THERAPEUTICS.

Sodium Phosphate in Urticaria.—Wolff gives the phosphate of soda internally, every three hours, in doses of sixty to seventy-five grains, or less in infants, to cure urticaria within the space of twenty-four hours. Locally he prescribes at the same time, as a lotion, a mixture often employed in America for eczema:

| | | |
|---|---------------------|----------|
| R | Calaminæ prep. | |
| | Zinc oxidî,..... | ââ 3iss. |
| | Ac. carbolicî | 3ss. |
| | Aquæ calcis | 3xv. |
| | Aquæ rosæ | 3ivss. |

M.

In infants the quantity of carbolic acid ought to be reduced according to age. In chronic urticaria the phosphate of soda taken after each meal in the dose mentioned causes uniformly a rapid relief, but relapses often occur; indeed, the patients ought to continue the use of this drug until the tendency to relapse has entirely disappeared. Sodium phosphate is particularly efficacious in urticaria of a gastro-intestinal origin, which is often the case.

Bed Treatment of the Acute Psychoses.—Serieux and Farnurier, of Paris, warmly advocate rest in bed as being as important in acute mental disease as in any other acute disease. The horizontal position best favors the circulation in the brain and thus aids in overcoming the cerebral and constitutional exhaustion, which varies as to cause, but is present in a large proportion of cases. The muscular system is relaxed, the motor centers rested, and peripheral stimulation reduced to a minimum, while psychical repose is provided at the same time. When generally adopted very beneficial results will undoubtedly be reported, changing the clinical aspect of various forms of psychoses. —*Med. News.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Accidental Vaccination of the Lip.—Accidental vaccination on various parts of the person is not very uncommon, but all cases of its occurrence are deserving of record. In the *Lancet* Mr. A. R. Henschley says that he was recently sent for to see a woman supposed to be suffering from erysipelas. When he arrived he found the submaxillary lymphatic glands enlarged and

a slight swelling of the left cheek. The lower lip was also swollen and had a large and a small vesicle near the junction of skin and mucous membrane at about its centre. Some ten days previously he had vaccinated her child, and he extracted from her the information that the baby had scratched her lip and that she had accidentally rubbed the vaccination pad with some discharge on it on her mouth while dressing it.—*Ex.*

DISEASES OF WOMEN AND CHILDREN.

Extra-Uterine Pregnancy With Retention of Fetal Bones for Seventeen Years.—Dr. I. P. Klinge-Smith reported a case of this sort to the Indiana Co., Pa., Medical Society (*Am. Jour. Obs. and Dis. of Women and Children*). The case was as follows:

Mrs. M. E. D., age 53; first menstruation at 17 years of age and regular after twelve months, menstruation lasting four days and never accompanied by pain; general health always good; never suffered from leucorrhea; menopause at 51; married for fifteen years, giving birth to four children, one of the labors being a twin birth, with one miscarriage at six months. From her statements I learn that her labors were generally tedious. She was always able to nurse her children. The miscarriage referred to occurred in 1879, during the latter months of which she again became pregnant, as she believes, going on to full term. Fetal movements were at no time strong. She suffered from colicky pains at about the tenth week of this pregnancy. In August, 1880, the membranes ruptured, the amniotic fluid gradually escaping; no labor pains; the abdomen diminished in size, followed by a very offensive, fetid discharge which continued for one year, when she again began to menstruate, for the first year every six weeks, after which time menstruation had become regularly established. During the above-mentioned period of two years the patient could not lie on her right side, on account of pain in the right iliac region.

From 1882 to 1896, a period of fourteen years, she experienced no particular inconvenience.

During the latter half of the year 1896 she suffered from a profuse, continuous diarrhea, accompanied by pain simulating the pricking of pins, the feces being rough and sandy, evidently containing calcareous matter from the fetal bones.

In January, 1897, Drs. J. L. Anderson and William A. Hinchman of Tarentum, Pa., removed one cranial and one long bone from the rectum.

Fetal bones were removed by myself per rectum on March 5 and 16 and August 28 of the same year, making a total of twenty-four bones.

After the removal of the last bones the patient rapidly regained her health and strength, so that by the end of six months the recovery was complete.

Treatment of Whooping Cough.—Godshaw (*Medical Progress*, August, 1899) laments the fact that notwithstanding persistent study and experimentation we do not possess any reliable means for cutting short an attack of whooping-cough. The best treatment will do no more than palliate symptoms and diminish the frequency and severity of the paroxysms of coughing. This, however, is very beneficial and frequently essential, especially during the night. An opiate, when carefully selected, will yield the desired results without doing harm probably better than any other drug. Papine is the best and should be given in doses of five to ten drops to an infant one year old. Older patients will require proportionately larger doses. The object should always be to lessen coughing that the child may be able to sleep, and not to produce sleep. Some physicians rely chiefly upon anti-spasmodics—belladonna, bromides, asafetida, etc., but these frequently fail. The inhalation treatment has not proven as satisfactory as was at first hoped. The inhalation of steam is valuable to facilitate expectoration. Careful nursing to avoid complications, and the judicious use of Papine will do much to lengthen the interval between fits of coughing even during the daytime and thus husband the little patient's strength.—*Medical News*.

SURGERY.

Peculiar Fracture of the Os Calcis.—F. A. Southam and A. E. Rayner, in the *Medical Chronicle*, describe the case of a woman, aged 62, who in a fall injured her left foot. No very definite statement as to the accident could be obtained, but on trying to rise she felt a very severe pain in the heel. The following morning the posterior part of the left foot was found to be ecchymosed and swollen, and on the posterior surface of the

heel a hard transverse ridge could be felt beneath the skin. No crepitus was obtainable, and all the power of flexion and extension of the foot was lost. A skiagraph made at this time showed that the attachment of the tendo Achillis to the os calcis had been torn away, the fragments being separated from the bone by the space of about an inch. An incision was made over the center of the posterior surface of the heel, the blood-clots were cleared away, and a silver wire drawn through the main body of the os calcis and then passed through the upper fragment close to its attachment to the tendo Achillis. The foot placed in a position of extreme extension enabled the detached fragments to be brought down into accurate apposition with the rest of the bone. Nine days later the superficial sutures were removed, and a skiagraph taken eleven days after the operation showed the fragments in accurate apposition and the silver wire in situ.—*Medicine.*

GENITO-URINARY DISEASES.

Abortive Treatment of Bubo.—H. M. Christian, in the *Therapeutic Gazette*, says that highly satisfactory results have been obtained by the abortive treatment of bubo. Successful application of the method depends upon its being instituted early, before suppuration has set in. Another condition is that it shall be due to gonorrhea, chancroid, or herpes, as tubercular infiltration of the gland is not influenced by the treatment. The treatment recommended by the writer consists in the direct application of the following ointment:

℞ Ung. hydrarg,
 Ung. belladonnæ,
 Ichthyol,
 Lanolin..... aa ʒij.

The ointment is spread upon a piece of surgical lint, and applied directly to the swollen gland. Cotton is next laid over the gland, and the whole is held in its place by a spica bandage, with firm pressure. This treatment is carried out every day until resolution takes place, which is usually accomplished in from ten days to two weeks. Twenty buboes have been treated in this manner, of which twelve were successfully aborted. Eight of the cases followed gonorrhea and four chancroid. Of the eight cases where the abortive treatment failed, six were cases of tubercular adenitis. The result of this treatment has convinced the writer

that fully 50 cent of buboes other than tubercular can be successfully aborted by this treatment, provided only that it be employed before the formation of pus.—*Medicine*.

OPHTHALMOLOGY.

A Case of Retinitis Circinata.—A. DeSchweinitz (*Ophthalm. Rec.*) reports a case as follows: A woman, 77 years old, of good health, noticed a failure of vision eight years before coming under the author's observation. During the eight years she noticed no change. A careful and general examination failed to give any cause. Vision of $\frac{20}{80}$ in each eye with the correcting glass.

In the left eye, "beginning one disc's diameter from the edge of the papilla above, and almost at its edge below, and following the sweep of the superior and inferior temporal vessels, was an irregular zone of yellowish-white exudation. The edges of this band were indented, corrugated, and somewhat fringed with pigment. The retinal vessels everywhere passed over the circinate deposits, which were slightly raised above the level of the eye ground." A very beautiful water color illustration is given.

Fuchs originally regarded these white patches as fibrinous exudates in the deeper layers of the retina. DeWecker considered them fatty degeneration, the result of hemorrhages. Amman, who examined a case microscopically, found fat cells clustered where formerly hemorrhages had been present. The author thinks that hemorrhages have preceded the disease in this case.—*Post-Graduate*.

DERMATOLOGY AND SYPHILOLOGY.

Massage in Skin Diseases.—Tibbles writes as follows: Massage in the treatment of skin diseases encourages the circulation, induces more active nutrition, and materially assists in the removal of diseased tissues, infiltrations, and effusions by increasing molecular changes by means of mechanical stimulation. As usually performed, however, it is in many cases an unpleasant duty, and consequently seldom carried out so regularly or thoroughly as it ought to be. I have found that in a great many cases the massage can be sufficiently well performed by using an India-rubber roller instead of the hand, thus avoiding unpleasant contact with the skin. I have now recommended this method in skin cases for some time, and find it answers admirably. It is easy of

application, and can be applied largely by the patient, though the back must be massaged by some other person. The roller I usually recommend is the ordinary roller used in photographic work, and there are others made which act equally well.

Another method of stimulating the skin in isolated patches is by the use of a blunted Volkmann's spoon or by a curette, both of which instruments I have used with benefit. This method, however, is best applied to the face and neck, and can only be performed by the surgeon. I have found it of great value in obstinate cases of acne and psoriasis and local indurations.—*Dietetic and Hygienic Gazette*.

NEUROLOGY.

The Insanity of Married Women—Delusions of the Infidelity of the Husband.—Under the above title Brosius (*St. Petersb. med. Woch.*, 1900, No. 6) discusses the forms of insanity of the character indicated, and points especially to the difficulties of the early diagnosis. When a wife thinks or asserts that her husband is unfaithful, it is impossible to show that her belief is morbid. If her idea becomes stronger, and is accompanied by manifestations of jealousy, there is still difficulty in showing that she is under the influence of delusion, and this cannot even be determined when she manifests agitation and enmity and goes so far as to speak openly and to enlist the sympathy of her friends and family. Many such cases are, however, distinctly due to delusion, and in the progress of the disease well-marked insanity develops. The writer cites a number of typical cases, in one of whom there was the characteristic development of paranoia, in which the original jealousy was grafted on delusion. In the progress of the disease expansive ideas followed upon the depression, which eventuated in fatuity. In another patient the depressive delusions were concealed, the patient showing merely sadness, with increased demonstrations of affection for her children and aversion from the husband. In other patients marked religious fervor developed, in others profound melancholy. Hysteria was found prominent as an antecedent.

In respect of prophylaxis, with modern knowledge, the practicing physician has not been wanting in admonition and instruction, but so far with no great result. Inconsiderate and hasty marriages occur frequently, in which the tendency to in-

sanity in the wife, and to careless morals in the husband, is prominent. Something may be done by preventing causes of mental excitement, and of vaso-motor vegetative excesses, anemia and insomnia. Advice may also be given for the prevention of gossip and scandal in the house, and conversation upon topics likely to direct thought in the undesired channel. Sometimes the commitment to a hospital for the insane is unavoidable, and may be followed by good results attributable to the quiet and orderly mode of life, and the removal from the source of irritation and the surroundings which may have given color and emphasis to the delusions, although these may not have been the main factor in the etiology of the attack. Upon improvement in a hospital, warranting a return home, safeguards must be established to prevent exacerbations or recrudescence of the disease.—*Albany Medical Annals*.

TERATOLOGY.

Congenital Absence of the Trachea; Specimen.—Dr. William A. Payne, in presenting a case, said that congenital absence of the trachea was rare. This child was born cyanosed, artificial respiration was maintained for a long time, and finally an attempt at tracheotomy was made and failed, owing to the fact that the trachea could not be found. The case came to autopsy, and although he found the bronchus on either side connected with each other by a slender cross-passage between the two lungs, the trachea was absent. Below the larynx there was nothing but a triangular piece of cartilage with the apex downward.—*Brooklyn Med. Jour.*

PROCTOLOGY.

Operation for Imperforate Anus.—Mr. Arbuthnot Lane operated on a child, æt. 1 month, whose rectum opened into the lower part of the posterior wall of the vagina by an orifice sufficiently large to allow of the fluid contents of the rectum being evacuated through it with sufficient freedom. The child was very small and ill-developed. A probe being passed through the aperture into the bowel showed that the lower extremity of the rectum was very fairly capacious. An incision was made from the vaginal orifice backwards towards the coccyx, exposing the lower end of the bowel and its communication with the vagina. There was no evidence of the presence of an external sphincter or, as far as

could be told, of any stray band of circular fibres surrounding the lower limit of the bowel. The rectum was cut away from the vagina and was brought back to the normal position of the anus, where it was sutured to the margin of the incision. The orifice of the vagina was closed, and the soft parts between the vagina and the opening in the rectum were brought together to make a perineum. The result seemed very satisfactory. Mr. Lane pointed out that he was very much afraid that the patient could not acquire any very satisfactory control over the contents of the rectum because of the apparent absence of any sphincter fibres; at the same time he had been much struck by the small amount of trouble that these conditions sometimes give in adult life owing to the care taken by the patient in effectually emptying the large bowel once or even twice a day.—*Med. Press.*

MEDICO-LEGAL.

Prohibiting Street Association with Prostitutes.—In *Hechinger vs. the City of Maysville*, the Court of Appeals of Kentucky holds unconstitutional a city ordinance making it unlawful for any person or persons other than the husband, father, brother or male relative, to associate, escort, converse or loiter with any female known as a common prostitute, either by day or by night, on any of the streets or alleys of the city. The penalty imposed for a violation of the ordinance was a fine of not less than \$5 nor more than \$20. Manifestly, says the court, the ordinance was intended to accomplish a proper and laudable object. But it does not think that is was properly guarded. It says that there can be no good reason in exempting any male relative from the operation of the ordinance except a husband, father or brother. On the other hand, a mother or sister should be allowed the same privileges as allowed to the father or brother. Moreover, any person should be allowed to converse with such a female long enough to transact any necessary and legitimate business, and no one should be punished for a violation of an ordinance such as the one under consideration unless the party so offending had knowledge or information of the disreputable character of such female. But an ordinance conforming to the views thus indicated, it says, would be clearly within the police power of the city council, and would be a proper and commendable exercise of the police power.—*Jour. A. M. A.*

BOOK REVIEWS.

A Treatise on Mental Diseases. Based upon the Lecture Course at the Johns Hopkins University, 1899, and Designed for the use of Practitioners and Students of Medicine. By HENRY J. BERKLEY, M.D. 8vo., pp. 601. With Frontispiece, Lithographic Plates, and Illustrations in the Text. [New York: D. Appleton & Company. 1900.]

A competent work in English on mental diseases has been a crying want for some time, and this need has been well filled by the book before us. It is a treatise both satisfactory and thorough, as would naturally be expected of the clinical Professor of Psychiatry of the Johns Hopkins University. The work is thoroughly modern and the author is not only up to his times but in advance of them. He is gifted with a mind which is rarely analytical, and by means of his rare faculty of inductive reasoning he presents his subject in a manner both lucid and instructive. Of course, he covers his subject in as thorough a manner as the exigencies of space will permit him. He leaves no hiatus to be filled, unless it be by an accomplished investigator of a large and extensive experience.

The First Part is devoted to the Anatomy and Histology of the Central Nervous System. The author has not failed to dilate on the neurone theory, which is to-day the accepted one among the later and more progressive neurologists. Instead of investing it with mystery, he makes it clear and very intelligible.

Part II. is devoted to General Pathology, than which no more interesting part is presented in this work, in view of the fact that it embraces both gross and special pathology. Some very interesting sections are those on the pathology of the cerebral vessels, syphilis vascular lesions, and arterial anomalies in the insane.

Part III., dealing with Clinical Forms of Mental Diseases, is general in its character. Part IV., in which Special Forms of Insanity are considered, is subdivided into five Groups. In Group I. we find idiopathic insanities discussed; in Group II. insanities consecutive to organic lesions, this including three sub-groups dealing respectively with intoxication insanities, those following bacterial and toxalbumic poisoning, and those following autogenic poisoning; in Group III., insanities of the psychical degenerate, including sub-groups on psychoses accompanying or following constitutional neuroses, accompanying or following neurasthenia, and those accompanying or following hysteria; in Group IV. states of arrested psychical development are noted; and in Group V., which closes the work, the psychoses of childhood receive full consideration.

From the above hasty enumeration of the contents of the treatise before us a slight idea may be formed of the thorough manner in which it is written. As we have already stated, the author does everything possible to make his text clear, and he has succeeded in this in a manner which has exceeded our anticipations. We can safely counsel the adoption of this treatise by teachers of psychology and mental diseases as a text-book, as they will find it thoroughly reliable, exact, and modern.

The book is printed in the finest manner upon the best coated paper, and embellished by a large number of illustrations and plates, which aid very greatly in the elucidation of the text. To sum up, it has the hall-mark of superior excellence.

A Practical Treatise on Genito-Urinary and Venereal Diseases and Syphilis. By ROBERT W. TAYLOR, A.M., M.D. Second Edition. Thoroughly Revised. 8vo., pp. 722. With 138 Illustrations and 27 Plates in Colors and Monotone. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6.00 net.

As we would naturally expect, this the second edition of Taylor's magistral work is a vast improvement in the first, and as a matter of fact is a totally new one. This is evident from the circumstance that it has been entirely rewritten and recast by the author, and as it now stands it is admittedly the best work on venereal diseases in the English language. Dr. Taylor has been an indefatigable worker, a keen observer, and a talented writer in his chosen field of medical practice, and he has ever reflected the greatest credit upon the teachings of that master mind in venereology, Freeman J. Bumstead. The book before us is destined to make an epoch in American medical literature, and can easily be placed in the position of *facile princeps* of its class. It will give added lustre to American medicine, and aid most notably the bright close of this century. It will not make its author famous, for he already enjoys that proud distinction, but it will add one more jewel to that brightly studded crown of which his work has made him the proud possessor.

That portion devoted to syphilis is the most thorough in the work, and we can notice throughout its chapters the careful, painstaking revision which has been made of it. Much literary lumber has been dispensed with, and has been replaced by live, practical observations replete, with valuable advice and suggestions. But it is in that portion devoted to genito-urinary diseases that we notice not only a vast improvement at the introduction of much new matter, notably in diseases of the bladder and prostate. The author discusses the former in a manner which shows him to be thoroughly up to date, and his illustrations are so apropos that we could hardly imagine them to be absent and the book be satisfactory. So far as the prostate and its diseases are concerned

he is equally thorough. He regards Bottini's operation as only applicable to but a few selected cases, and even in these the time which has elapsed since the introduction of the operation is too short to permit of any positive opinion being passed.

Another portion, which has been carefully rewritten, is that devoted to gonorrhea—*tempora mutantur*, and methods follow in the same path. Gonorrhea is no longer the disease it was twenty-five years ago, and the work done in this line alone has completely revolutionized methods through the influence of pathological investigations and improved therapeutic measures. A real advance is shown in the omission of a number of old cuts, illustrative of antiquated instruments and impossible pathological conditions. It is not necessary to revert to Bell or Hunter on the venereal to see the progress of to-day. A mere reference to works no more than five years old, and the one before us will amply demonstrate this, and the high, scientific character of that which is honored by the name of Taylor.

An omission in the book which we regard in good taste is that of all reference to authors. Since the publication of a work on the bibliography of venereal diseases, it does not seem necessary to add one which is never consulted by the reader, and which is superfluous to him who needs it, as the latter is already well provided for in this respect. The publishers have made a handsome work, properly illustrated and offer it at a price which is remarkable for its cheapness. We are certain that both they and the author have every right to feel proud of this work. O-D.

A Treatise on Diseases of the Nose and Throat. By ERNEST L. SHURLY, M.D. 8vo., pp. 744. Illustrated. [New York: D. Appleton & Company. 1900.]

This book is not only very interesting but instructive as well. It possesses that charm of an author which always invites praise—it is full of originality. The author has very judiciously combined the subjects of rhinology and laryngology, as they can hardly be disassociated. But pharyngology, which is of a necessity included to a large extent with these, necessitates otology on account of the intimate connection existing between the pharynx and the middle ear. In the book before us the author has confined himself, as far as lies in his power, to the nose and throat, and he has acquitted himself most creditably. The clinical and pathological descriptions which he gives are set forth in a manner both precise and correct, besides being very instructive. His aim has been to be rather practical than theoretical, and for this reason he has avoided speculating upon unimportant theories or indulging in distinctions which have no real value. In those controversies which still exist and are really of importance he has given a fair presentation of both sides.

The arrangement of the book is based upon the general idea

which now prevails, and which has for its object an arrangement based upon the nature of the disease rather than an anatomical one of the parts involved. Beginning with the anatomy of the upper air passages, the author proceeds to take up the subject of the examination of these, and by easy stages speaks of acute rhinitis, pharyngitis and laryngitis. Next in order he comes to a consideration of acute infectious diseases of the upper air passages, influenza being devoted as the subject of this chapter. In the next a very full, thorough, and scientific exposition of diphtheria is given. The author is enthusiastic in his praise of antitoxin and impresses the great value of this agent upon his reader.

The neuroses of the upper air passages are very thoroughly treated, as also syphilis, tuberculosis, lupus, and rhinocleroma. We are surprised to find no consideration of lepra of the larynx, pharynx, or nose. The short differential diagnosis between lepra and syphilis is certainly unsatisfactory and should be elaborated upon in a subsequent edition. The local diseases of the nose are well set forth, as well as the injuries to and deformities of that organ which are encountered. Foreign bodies and parasites in the upper air passages are noticed with sufficient attention. The concluding chapter has for its subject the operations in the pharyngeal and laryngeal regions and methods of local treatment. In this the author has endeavored to give those methods which have proven successful in his hands, referring to others which are employed.

We are pleased with the book, and it will prove valuable to those who consult it. It is fully illustrated, and the colored plates of laryngeal pictures will prove more than ordinarily useful. It is, on the whole, such a useful work that it will easily commend itself to all those in need of some reliable guide on the subject which is treated of in its pages.

A Practical Treatise on Fractures and Dislocations. By LEWIS A. STIMSON, B.A., M.D., LL.D. (Yale). Third Edition, Revised and Enlarged. 8vo., pp. 842. With 336 Illustrations and 32 Plates in Monotint. [New York and Philadelphia: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6 00 net.

The success of a work is measured, in general terms, by the relative frequency of demands for new editions; and if we are to apply this test to the one before us it is certainly an undoubted and a great success, for the present issue has followed the second edition, which was a large one, within a year. This is certainly a tribute to the industry of the author as well as to the worth of the Treatise. We are certain that a new edition will again be called for directly the medical profession becomes better acquainted with the intrinsic worth and merits of this book. Every possible help to a proper understanding of the subjects treated

of is afforded by the author, and not the least is the discarding of much that is old and antiquated. Dr. Stimson is eminently progressive, and this is fully manifested in the work before us. To cite merely one instance of this progressiveness, it is very plainly shown in the large number of skiagrams which are introduced. They are all finished pictures and very demonstrative of the conditions which they portray.

The additions made to this volume are very apparent to him who has examined a copy of the second edition. The text has been most thoroughly gone over and many additions made, so much so that the volume has been increased in size. The skiagrams have been increased in number. The bibliographical references have been added to considerably, to enable those who desire to make more thorough search upon any subject. When we take into consideration the work involved in such a revision we are simply amazed, and marvel at the capacity of the author to do this in connection with all his other work and duties.

The present treatise will certainly hold its place as a decisive authority on its subject, not only as reference for the practitioner or surgeon, or as a text-book for college use, but also as a guide to lawyers and judges in trying cases of malpractice or damages from accidental causes. The book is modern and is certain to supersede many of the older authorities, not because the latter were not good in their time, but because the one before us is better and is adapted to conditions as they exist to-day.

We are certain that this edition will meet with a large sale upon its own merits, and the magnificence with which the publishers have issued it and placed it before the medical public will further enhance the sales. It is a very well written work, issued in magnificent style at a very low price.

A Manual of Otology. By GORHAM BACON, A.B., M.D. With an Introductory Chapter by CLARENCE JOHN BLAKE, M.D. Second Edition. Revised and Enlarged. 12mo., pp. 442. With 114 Illustrations and 3 Plates. [New York and Philadelphia: Lea Brothers & Co. 1900. Price, \$2.25 net.

But two years have elapsed since the appearance of this valuable manual, and we are presented with the second one to-day. An examination of its contents will testify not only to the thorough revision it has undergone, but it will also furnish evidence of the additions which have been made. The book is practically a new one and thoroughly up to date. Among the numerous additions are to be noted, in addition to twenty-five pages of new matter, a number of illustrations and two plates, one containing nine colored figures of the drum membrane in health and disease, and the other showing the pneumatic cells and tympanic cavity.

Diseases of the mastoid process receive more than ordinary care and attention, and, in connection with this subject, the

Schwartz-Stacke operation is described quite fully, the author being inclined to favor Schwartz's operation. This is but one of the numerous features to be found throughout the manual before us, and they are all of such a character as to add practical value to a book which will be found of the highest utility to both the medical student and the practitioner. This book is sure to commend itself not only to the general practitioner, but to the specialist as well.

The publishers have spared no pains to make it a handsome little volume, easy to handle, and not occupying too much space on the library shelf.

Practical Gynecology. A Comprehensive Text-Book for Students and Physicians. By E. E. MONTGOMERY, M.D. 8vo., pp. 819. With Five Hundred and Twenty-seven Illustrations, nearly all of which have been drawn and enlarged specially for this Work, for the most part from Original Sources. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$5.00 net.

As the title indicates, this is a very comprehensive text-book whose superior has not been issued recently. The author has been very careful in its writing, as is shown by the internal evidence which it offers. He has delved deeply into the best authorities upon the subject and this, taken in connection with his own long experience, has led to the excellent work before us. As the author states in his preface, the present work has been under consideration for fifteen years, and many parts have been revised and rewritten a number of times. This is evidence not only of the carefulness used, but of the thoroughness which has been brought to bear upon it. It is this last feature which has enabled him to write a comprehensive text-book which will be found as useful by practicing physicians as by students who are yet undergraduates.

This work is written in a very systematic manner and everything is so arranged that nothing escapes the attention of the author. His shibboleth has evidently been system, and this stands prominently out of every page of the book before us. The author is very full in his chapters on Diagnosis, Pelvic Examination, and Abdominal Examination. His chapter on Therapeutics is unusually interesting and, like all other portions, is practical and full of technical details. The chapters on Anatomy, Physiology, and Malformations are far from being repetitions of the hackneyed ones of other works on the same subject, being rather original and new. Inflammation is dealt with in a thorough manner, the author dealing with the entire genito-urinary tract.

In the next two succeeding chapters he takes up Inflammation of the Cervix and Body, of the Uterus and Deviations of the Pelvic Organs. Genito-Urinary Hemorrhage and Ectopic Gestation are next taken up and followed by a very important chapter de-

voted to Genital Tumors. These include tumors of the Vulva, Uterus, Fallopian Tubes, Broad Ligaments, and, as a separate chapter, Ovarian Tumors.

In addition to most thorough descriptions of these conditions we are given a long series of most artistic illustrations, which are an inestimable help to a proper understanding of the text. In fact, the illustrations are a most prominent feature of the work. They are nearly all original, and those which are not are drawn from original sources. Surgical operations and the proper technique are not relegated to a separate part, but follow, as they logically should, the descriptions of those conditions which require operative interference.

Taken all in all the work before us is a superior one, which is destined to make its mark among those of its class. In fact, it is destined to occupy a more than ordinarily prominent position in gynecic literature. It has been well dressed by the publishers, who have spared no pains or expense to make it a work fit to grace any medical library. The paper, typography, illustrations and binding stamp it, at first sight, as a superior book.

The Student's Medical Dictionary. Including all the Words and Phrases Generally used in Medicine, with their Proper Pronunciation and Definitions. Based on recent Medical Literature. By GEORGE M. GOULD, M.D. With Elaborate Tables of the Bacilli, Micrococci, Leucomains, Ptomains, etc.; of the Arteries, Ganglia, Muscles, and Nerves; of Weights and Measures; Analyses of the Waters of the Mineral Springs of the United States, etc., etc.; and a New Table of Eponymic Terms and Tests. Eleventh Edition, Enlarged, with many Illustrations. Square 8vo. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$2.50 net.

In this latest edition of his Student's Medical Dictionary Dr. Gould continues to sustain his high reputation as a medical lexicographer. In this edition we have a volume which is certainly entitled to the qualification of "handy." It is full of just that information of which both the student and the physician are in quest. To endeavor to give a description of the dictionary would be bringing coals to Newcastle, more especially in view of the fact that over 100,000 copies of Gould's dictionaries have been sold. That to which we more particularly wish to draw attention is the Table of Eponymic Terms, which forms the appendix of this volume. It is a most useful guide to the reader, more especially of European medical authors. It will prove not only of the greatest benefit to the reader to a proper understanding of the subject before him, but will aid in familiarizing him with the names of the foremost leaders in medicine.

The present edition of the Student's Medical Dictionary is certainly a vast improvement over its predecessors, and it should

meet with a large sale. The publishers have made a handsome volume of it and at a price which is within the reach of all. The book is a large and well-printed one and worth the price asked for it many times over.

Heart Disease in Childhood and Youth. By CHARLES W. CHAPMAN, M.D. Durh., M.R.C.P. Lond., with an Introduction by SIR SAMUEL WILKS, Bart., M.D., F.R.S. 12 mo., pp. 101. [London: The Medical Publishing Co., Limited, *Clinical Journal* Office: 22½ Bartholomew Close, E. C. Price, 3/6.

Sir Samuel Wilks has quite told the truth in his introduction to the monograph before us when he says: "I consider Dr. Chapman has written a little book of great interest and value." The author covers a field which has not been thoroughly worked by medical writers. After a due consideration of the causes of heart disease in children he plunges in *medias res*. He demonstrates in a perfectly satisfactory manner that affections of the heart in childhood and youth are neither incurable nor necessarily fatal. He is a great advocate of the hygienic treatment, whose value he has certainly demonstrated to medical practitioners. The little monograph before us is nearly entirely filled with accounts of illustrative cases in the line in which he makes his remarks.

This little book is most excellent and much above the average. It is a little monograph which carries much value with it and is replete with good counsel, but it cannot make a good diagnostician out of a poor one. The advice given in this brochure is sound and worked up with that thoroughness which is so characteristic of the British.

Laboratory Directions for Beginners in Bacteriology. An Introduction to Practical Bacteriology for Students and Practitioners of Comparative and Human Medicine. By VERANUS A. MOORE, B.S., M.D. Second Edition. Enlarged and Revised. 12mo., pp. 143. [Boston: Ginn & Co. The Athenæum Press. 1900.

In its present form this little manual is much improved, and will be found by students to be a most useful as well as comprehensive guide for the introductory laboratory study of bacteriology. It outlines sixty-four exercises, such as they should be carried on in a well-conducted laboratory. A thorough knowledge of these will readily enable a student to pursue investigations further and undertake original research. With the aid of the large works on the subject, he will be capable of carrying out very easily the work required. The appendix of the booklet before us embraces chapters on the Reaction of Culture Media, the Ocular Micrometer and Micrometry, Animal Inoculation for Purposes of Diagnosis, and the Cultivation of Bacterium (*Bacillus*) Tuberculosis. We can recommend the book to the favorable consideration of students and of teachers.

Brain in Relation to Mind. By J. SANDERSON CHRISTISON, M.D. Second Edition. 12mo., pp. 143. Illustrated. [Chicago: The Meng Publishing Company, 215 Dearborn Avenue. Price, \$1.25.

This little monograph is addressed by the author to physicians and laymen. We are inclined to think that it will be much more appreciated by the former class of readers. The author makes too deep a psychological study of his subject for its adaptation to the lay reader. He is opposed to the somatic theory of thought generation, and this furnishes him with his strongest arguments against the idea of a large or complicated brain being an evidence of thought capability. Throughout his brochure the author is very temperate, and advances strong arguments to support his views, including the history of cases illustrative of the points he makes. The book is worthy not only of perusal but of thoughtful reading, and those interested in psychology or the relations and functions of the brain and its correlations to mind will find it of more than ordinary interest.

The Physical Signs in Pulmonary Disease. By GRAHAM STEELL, M.D., Edin. For the Use of Clinical Students. Second Edition. 12mo., pp. 99. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$1.25 net.

This is a most handy little pocket manual, in which the author gives a thorough practical insight into physical diagnosis in so far as pulmonary disease is concerned. It is a condensation so written that not one sentence could be consistently omitted without marring the completeness which characterizes it. As a clinical vade mecum medical students could find no better companion for ready reference. The author has utilized his experience as a clinical teacher to some advantage, and with the revision he has given the first edition, the present comes to us as a most excellent help in the mastery of the art of diagnosing pulmonary disease.

The Use of the Sphygmograph in Clinical Medicine. By GRAHAM STEELL, M.D. Edin., F.R.C.P. Lond. 12mo., pp. 57. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00 net.

This book is a nice little hand-book, which will doubtless be of great value to the clinician and a most handy bedside guide for the physician and student. The mysteries of sphygmographic tracings are unfolded in 105 figures illustrative of various forms of cardiac and other diseases. It is an excellent guide for the purpose, if nothing else, of demonstrating the great value of the sphygmograph in calling the practitioner's attention to the presence of disease which might otherwise not be suspected. It is certainly destined to serve a useful purpose.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Practical Gynecology. A Comprehensive Text-Book for Students and Practitioners. By E. E. Montgomery, M.D. 8vo., pp. 819. With Five Hundred and Twenty-Seven Illustrations, nearly all of which have been drawn and engraved specially for this work, for the most part from original sources. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$5.00 net.

A Practical Treatise on Genito-Urinary and Venereal Diseases and Syphilis. By Robert W. Taylor, A.M., M.D. Second Edition, Thoroughly Revised. 8vo., pp. 722. With One Hundred and Thirty-Eight Illustrations and Twenty-Seven Plates in Colors and Monotone. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6.00 net.

A Treatise on Diseases of the Nose and Throat. By Ernest L. Shurly, M.D. 8vo., pp. 744. Illustrated. [New York: D. Appleton & Co. 1900.

A Treatise on Mental Diseases, Based upon the Lecture Course of the Johns Hopkins University, 1899, and Designed for the Use of Practitioners and Students of Medicine. By Henry J. Berkley, M.D. 8vo., pp. 601. With Frontispiece, Lithographic Plates, and Illustrations in the Text. [New York: D. Appleton & Co. 1900.

A Manual of Otology. By Gorham Bacon, A.B., M.D. With an Introductory Chapter by Clarence John Blake, M.D. Second Edition, Revised and Enlarged. 12mo., pp. 422. With One Hundred and Fourteen Illustrations and Three Plates. [New York and Philadelphia: Lea Brothers & Co. 1900. Price, \$2.25 net.

The Student's Medical Dictionary. Including all the Words and Phrases generally used in Medicine, with their proper Pronunciation and Definitions. Based on recent Medical Literature. By George M. Gould, M.D. With Elaborate Tables of the Bacilli, Micrococci, Leucomains, Ptomaines, etc.; of the Arteries, Ganglia, Muscles, and Nerves; of Weights and Measures; Analyses of the Waters of the Mineral Springs of the United States, etc., etc., and a New Table of Eponymic Terms and Tests. Eleventh Edition, Enlarged, with many Illustrations. Square 8vo. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$2.50 net.

Brain in Relation to Mind. By J. Sanderson Christison, M.D. Second Edition. 12mo., pp. 143. Illustrated. [Chicago: The Meng Publishing Co., 215 Dearborn Avenue. Price, \$1.25.

Heart Disease in Childhood and Youth. By Charles W. Chapman, M.D. Durh., M.R.C.P. Lond., with an Introduction by Sir Samuel Wilks, Bart., M.D., F.R.S. 12mo., pp. 101. [London: The Medical Publishing Co., Limited, *Clinical Journal* Office: 22½ Bartholomew Close, E. C. Price, 3/6.

A Practical Treatise on Fractures and Dislocations. By Lewis A. Stimson, B.A., M.D., LL.D. (Yale). Third Edition, Revised and Enlarged. 8vo., pp. 842. With Three Hundred and Thirty-Six Illustrations and Thirty-Two Plates in Monotint. [New York and Philadelphia: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6.00 net.

The Physical Signs in Pulmonary Disease. By Graham Steell, M.D. Edin. For the Use of Clinical Students. Second Edition. 12mo., pp. 99. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$1.25 net.

The Use of the Sphymograph in Clinical Medicine. By Graham Steell, M.D. Edin., F.R.C.P. Lond. 12mo., pp. 57. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00 net.

Laboratory Directions for Beginners in Bacteriology. An Introduction to Practical Bacteriology for Students and Practitioners of Comparative and of Human Medicine. By Veranus A. Moore, B.S., M.D. Second Edition, Enlarged and Revised. 12mo., pp. 143. [Boston: Ginn & Co. The Athenæum Press. 1900.

William R. Warner & Co.'s. New Therapeutic Reference Book is an 18mo. of 237 pages, which is replete with condensed information in the treatment of the commoner diseases. In the new edition before us many tables have been added, making it a handy little volume for desk use. Students and physicians will find it useful for quick and ready reference. The cloth bound edition is sold for 25 cents, and in flexible leather the price is 50 cents. It is published by Messrs. W. R. Warner & Co., the well-known manufacturing pharmacists, of Philadelphia.

Physician's Manual of Therapeutics is a 12mo. of 526 pages, just issued by Parke, Davis & Co., of Detroit, Mich. The book contains a large number of pages devoted to therapeutic suggestions, which are followed by a part devoted to the Antidotes to Poisons, Differential Diagnosis of Eruptive Fevers, and an extended *Materia Medica*. It is well printed on thin paper, and handsomely bound in flexible leather. The price has been fixed at \$1.00, and it may be procured of the publishers, who

constitute the well-known manufacturing firm of pharmaceutical preparations.

The Antikamnia Chemical Company's Exhibit at the Universal Exposition at Paris forms the subject of the handsome photograph which we have just received from Paris. In connection with the exhibit of the several Antikamnia preparations, there is a good picture of Mr. Frank A. Ruf, the president of the company. The whole thing is a most pleasant souvenir, and we prize it the more highly, as both Antikamnia and Frank Ruf have always been among our friends.

Fracture of Femur below Trochanters is the title of an excellent plate published by Messrs. Battle & Co., in connection with one of their pamphlets. The picture is well drawn, and on the back there appears a good description of the condition. The intention of the publishers is to issue a series of 12 plates, which will certainly be valuable to physicians and surgeons alike, as the drawings are absolutely correct and the text up to date.

Revista de la Asociacion Medico-Farmacéutica de la Isla de Cuba is a well-edited monthly published at Havana. It is the official organ of the Medico-Pharmaceutical Association of the Island of Cuba. The manager is Dr. Enrique B. Barnet. This Review is a well printed 8vo. of 54 pages. Each number costs 60 cents in American gold. It is well edited and gives promise of being one of the leading medical publications of Cuba. The editorial offices are located at Apartado 704, Havana, Cuba.

Stringtown on the Pike, by John Uri Lloyd, is announced by Dodd Mead & Co., to appear in book form in October, price \$1.50. It is a study of Northern Kentucky during the war, and brings to view conditions that involved the people of that border state during the boyhood of the author. Of it, the talented writer, Judge J. Soule Smith, of Lexington, Ky., writes: "No such vivid landscape painting of Kentucky seasons and Kentucky scenery is to be found in any other book." The New York World states that it "reminds one of the figure in American literature cut by physicians, from Dr. O. W. Holmes to Dr. Weir Mitchell and Dr. W. A. Hammond;" and in this same line of thought the American Journal of Pharmacy states that "Our faith in American literature is strengthened by the entrance into it of professional men like Weir Mitchell and John Uri Lloyd."

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 720.

VOLUME LXXIX. — DECEMBER, 1900. — No. 6.

ORIGINAL COMMUNICATIONS.

TWENTY-FIVE CASES OF EXTRA-GENITAL CHANCRE OBSERVED IN 1897, 1898, AND 1899.

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

As every one is fully aware, the extra-genital chancre is no rarity, and yet each one possesses a certain degree of interest attaching to it. The most complete review of the subject so far published is no doubt that contained in the classic work of Bulkley, "Syphilis Insontium." French and German syphilologists have published the most extended and elaborate tables dealing with this subject, and there is no doubt that numerous observations have been made by Americans which have never been consigned to paper. For this reason it is an impossibility to make statistics or to even endeavor to establish an approximate proportion in the frequency of genital and extra-genital chancres. That the genital chancre is in by far the greatest proportion is a fact not admitting of a doubt. That some practitioners will see hundreds of genital chancres and never one which is extra-genital is equally true. On the other hand, there are a number of syphilographers who seem to have enjoyed very good opportunities to observe comparatively large numbers of extra-genital chancres. It is these who generally report a number *en bloc* instead of devoting a paper to each particular case.

In the present paper twenty-five cases will be briefly outlined, as a full consideration of each one would require more time than

an ordinary communication should occupy. This record covers but comparatively a few years and could have been made much larger by a more thorough and systematic attendance at public hospitals. The record, however, such as it is, is submitted to you as an additional short chapter on the subject of the extra-genital chancre.

A question of more than ordinary interest which arises in each one of these cases is, how did the infection occur? This at best is most difficult to answer, and many of the methods which have been published did more credit to the imaginations of the writers than as satisfactory reasons to their readers. At best these can only be surmises and inferences more ingenious than satisfactory; and it is only in a small proportion of cases that absolute certainty may be asserted in a given one. This inability to trace the source of the origin of the infection, however, detracts in no wise from the interest attaching to the peculiar site affected or the character of the lesion presented. In fact it is the sum of these peculiarities which render interesting a subject which, under other circumstances, might be considered commonplace. The following constitutes a short synopsis of twenty-five cases which I have had occasion to see, examine, and treat:

CASE 1.—This was the case of a physician who did much operative work. In operating upon a syphilitic patient his left forefinger was infected at the tip. He did not suspect the true nature of the lesion which appeared there until it grew to large proportions. He presented a typical indurated chancre, and at the time of my examination the epitrochlear and the axillary lymphatic glands were indurated. The diagnosis of syphilis was concurred in by competent specialists.

CASE 2.—In this case the chancre was located upon the left forefinger and the point of inoculation was primarily a scratch produced by a spiculum of bone in a syphilitic upon whom the bearer of the chancre was operating. The chancre was of the fungating variety, which has been so graphically figured and described by R. W. Taylor. The accompanying adenopathy was well marked.

CASE 3.—A young physician accidentally cut himself in the course of an operation on a syphilitic. The cut healed kindly under bichloride dressings; but in a little more than two weeks an indurated chancre appeared upon the right index finger at the

site of the cut, showing clearly that this was the point of infection. •

CASE 4.—During the course of an operation on a syphilitic this physician states that he excoriated his left arm just above the wrist. The abrasion was so slight that he paid no attention to it, and perhaps six weeks after the accident occurred I saw him. The chancre was a large one in superficial extent, but not as markedly indurated as some are pleased to see such lesions. It was the parchment-like induration. My patient was not satisfied with the diagnosis, in spite of the indurated gland present, until a typical roseola made its appearance.

CASE 5.—This case occurred to a physician who previous to seeing me had consulted other specialists. He presented a large ulcerating chancre on the outer aspect of his right thumb. The induration was marked. He acquired the trouble whilst delivering a syphilitic woman who had a large number of condylomata lata about the vulva. As in the other cases, the lymphatic ganglia anatomically connected with the chancre were indurated.

CASE 6.—In this case there was a large fungating chancre of the left forefinger, which was acquired in the course of a digital examination of a syphilitic woman. A fellow practitioner essayed to heal the chancre by curettement, but the lesion would recur at the site of the scraping, conclusively proving the fallacy of this method.

CASE 7.—This case was referred to me by a physician. It occurred in a midwife whose right forefinger was the seat of the largest fungating chancre I ever saw. She was infected delivering a syphilitic woman. When I saw her she had a marked syphilitic eruption of the face, large pustules and ulcers being present. It almost resembled a fulgurating case; and, as is usual in such, active treatment rapidly produced good results.

CASE 8.—This concerned a male, waiter by occupation, who had a fungating chancre of the left thumb. He denied ever having had his hand in contact with a syphilitic, and how he could have acquired the lesion was a puzzle to him as well as to others. The appearance of disseminate papular syphilide and the adenopathy confirmed the diagnosis.

CASE 9.—A married woman presented a chancre of the upper lip, which she rightfully attributed to kissing a man affected with mucous patches.

CASE 10.—This was a single woman with a chancre of the upper lip, also attributed to kissing a man. No definite history of anything like mucous patches could be elicited.

CASE 11.—This case was also one of chancre of the upper lip in an unmarried female, a prostitute. She could not trace the possible origin of her trouble.

CASE 12.—A chancre of the upper lip in a single female who from the general demeanor appeared to be rather free with her favors. She had never noticed anything peculiar about the lips or mouths of those who kissed her.

CASE 13.—An unmarried female who was engaged to be married and who was above suspicion. Her fiancé was syphilitic and kissed her frequently. She had a chancre of the upper lip which was not very well marked, the induration being parchment-like. When I saw her she had already palmar and plantar syphilides, as well as papules on her chest and the remains of a roseola. The genitals showed no lesions.

CASE 14.—This was a female of rather loose habits, although not a prostitute. She presented a well-defined chancre of the lower lip. She attributed it to the kiss of a lover who bit her lip whilst kissing her. She noticed nothing unusual about his mouth or tongue.

CASE 15.—A young man, unmarried, presented a well-defined chancre of the lower lip. He could not give a definite history so far as the origin of his trouble was concerned. He had kissed a number of prostitutes and was satisfied to let his case rest there.

In all of the above cases, from 3 to 15 inclusive, the adenopathy was well-marked. The submaxillary glands were not only enlarged but distinctly indurated. There could exist no doubt of the syphilitic nature of the lesion, for in each case a characteristic luetic eruption appeared. No absolute reliance was placed upon the induration of the chancre, but confirmatory proof was required. In all the cases the induration was cartilaginous.

CASE 16.—This was a peculiar case which seemed to raise doubts in the minds of several. This patient, an unmarried man, presented a large roundish ulcerous lesion in the right groin. The induration was parchment-like, but the adenopathy was very marked. A secondary eruption appeared and dispelled all doubts which might have lingered in the minds of those who were disposed to dispute the diagnosis. How the infection oc-

curred the patient was unable to explain, except that the woman broke a pustule, which was on her buttock, on his groin.

CASE 17.—In this case, which concerned a little girl of 9, the chancre was located in the left groin. I was asked to see her to determine the exact nature of vulvar condylomata lata. Finding no chancre about the genitals, I searched for it and found one in the left groin. She was ordered inunctions of mercurial ointment and in six days the condylomata had left and the chancre was nearly healed without local treatment to either. The manner in which she was infected was by a man, presumably syphilitic, attempting to rape her and never having accomplished penetration.

CASE 18.—In this case the patient was a girl of 13. She had a well-marked chancre in the centre of the dorsum of the tongue. The submaxillary glands were indurated. Upon a close cross-examination the girl acknowledged that she was a fellatrix. This immediately explained the manner in which she was infected. Yet she had no fissures of the tongue and denied ever having had any.

CASE 19.—This case was an interesting one from the fact that the location was peculiar and that there were two chancres. They were situated upon the hard palate and the man could only explain it by the fact that young men, working where he did, were syphilitics and in the habit of using his pipe, the stem of which he permitted to rub against his palate. His occupation, general appearance and demeanor would make him credible. He had a papulo-pustular syphilide at the time I first saw him. Both chancres were indurated, but readily disappeared under treatment.

CASE 20.—An old lady of 53 presented a chancre of the right edge of the tongue. No definite history of the possible way in which she might have been infected could be elicited. Neither her husband, sons nor any relatives whom she ever kissed ever presented any symptom which was suggested. The case was a classic one, but nothing definite could be determined.

CASE 21.—This patient was a man who had a crustaceous syphilide of the scalp, and a search for the chancre showed it to be on the right tonsil. It was markedly indurated. No amount of questioning could elicit a satisfactory answer, and his physician suggested the possibility that he was a fellator. But with no better evidence than this the possibility only of such a cause could be entertained.

CASE 22.—This case also was a man, past middle age, who presented a well-defined chancre on the left side of his neck. Directly he learned his trouble he inquired into the history of the man who bit him, and he had the satisfaction of learning that he was a syphilitic who had a large number of well marked mucous patches of the mouth. His chancre had a cartilaginous induration and the adjacent glands were typically indurated.

CASE 23.—A young prostitute presented a chancre on the verge of the rectum. She stated that she knew the manner in which she acquired the lesion. A man who was a well-known pederast attempted this method of intercourse and failed. He was the bearer of a chancre at the time, and the infection was produced by his repeated attempts to penetrate the rectum of the girl. She developed a severe pustular syphilitic eruption, whose severity was no doubt due to her drinking habits.

CASE 24.—A girl of 12 presented a marked chancre of the rectum some three inches above the anus. Whilst not a prostitute she confessed to being an habitual passive pederast. The chancre was large and encroached somewhat upon the calibre of the rectum. It was well indurated and presented the features usually encountered in that locality. She developed a pustular syphilide in the classic period.

CASE 25.—This was an old lady of 63, who applied for the treatment of a lump in her tongue. Upon examination she disclosed a chancre upon the right edge of the tongue, situated some three inches distance from the tip. The glands under the jaw on the right side were markedly indurated. No possible cause could be found for the infection, as she denied ever kissing any one except very lightly.

Such are the condensed clinical records of these twenty-five cases.

ANALYSIS.

I do not intend to make a long analysis of these cases, but rather draw attention to some points which possess more or less interest. Each case which has been summarized possesses enough such to form the basis of a separate paper, but the exigencies of time and space have forced me to condense them as much as possible. So it will be with the analysis which follows, and which will be suggestive to the physician who will take pains to observe his cases with some little care and attention.

Out of the twenty-five cases recorded twelve were males and thirteen females. In other words, there was about 50 per cent. of either sex. Of course this percentage, like every one to which attention may be called, is a mere coincidence and cannot be looked upon as any guide to the comparative frequency of extra-genital chancre in either sex.

The location of the chancre in the various cases possesses some degree of interest as a possible guide to the localities deserving of examination when a genital chancre is not apparent. These may be divided as follows:

| | |
|--------------|-------|
| Lip..... | 7 |
| Finger..... | 5 |
| Thumb..... | 2 |
| Groin..... | 2 |
| Rectum..... | 2 |
| Tongue..... | 3 |
| Forearm..... | 1 |
| Palate..... | 1 |
| Tonsil..... | 1 |
| Neck..... | 1 |
| | <hr/> |
| | 25 |

Thus it will be seen that these twenty-five chancres occurred in ten extra-genital localities.

The conditions which led to infection were undoubtedly accidental in ten cases. In these ten cases there were seven, or nearly one-third of the total amount, in which six physicians and one midwife were the victims. How much further the disease was disseminated by these, more especially the last, before the true nature of the lesion was recognized, it is impossible for me to predicate. It may be safely said that the possibilities at least were very great. One thing may be positively asserted in these cases, as in some of the others mentioned, that they were true examples of syphilis insontium.

In looking further into the histories of the cases given we find that twelve, or 48 per cent., were the result of the depravity of the subject or of the one who did the inoculating; but of this number ten were females and two were males. That such a large number as is given were inoculated upon the lip should offer no cause for surprise, for it is a well-known fact that kissing is usually a preliminary to the act of sexual intercourse. The fact that whilst syphilitic lesions no longer exist upon the genitalia does

not preclude the presence of mucous patches in the mouth, accounts in great part for the frequency with which chancre of the lip is encountered.

In conclusion, I desire to state that I have included in this paper a list of the extra-genital chancres I have encountered in 1897, 1898 and 1899, and not those in 1900, as I intend to keep a record of these latter and of subsequent years as material upon which to base a future paper.

St. Louis Academy of Medical and Surgical Sciences.

—At the last meeting of the St. Louis Academy of Medical and Surgical Sciences the following officers were elected for 1901: President, Dr. Emory Lanphear; senior vice-president, Dr. Carl Pesold; junior vice-president, Dr. H. S. P. Lare; secretary, Dr. O. L. Suggett; treasurer, Dr. G. M. Phillips; orator, Dr. Wm. Porter; librarian, Dr. H. G. Nicks.

El Paso County Medical Society.—On the 13th day of October, 1900, the undersigned committee was appointed by the El Paso County Medical Society to invite the members of the regular medical profession of Texas, New Mexico, Arizona and Mexico to meet in El Paso, Texas, on the 17th day of January, 1901, for the purpose of organizing a tri-state or territorial medical association. (The El Paso Mid-Winter Carnival will be held January 17, 18, 19, 1901). The committee hopes to have a large and enthusiastic meeting, that it may prove both pleasant and profitable, and they will expect every member of the profession throughout this territory to lend his personal efforts toward making the meeting a grand success.

Private Libraries.—The second part of the "List of Private Libraries," compiled by Mr. G. Hedeler of Leipzig, will soon be ready. It will contain more than 600 important private collections of the United Kingdom, including supplement to Part 1, (U. S. A. and Canada). Those happy possessors of libraries with whom Mr. Hedeler has been unable to communicate, are requested to furnish him with a few details as to the extent of their treasures and the special direction to which they devote themselves. By doing so they will, of course, not incur any expense or obligation. It is obviously to the interest of bibliographical science that a work of this kind should be as complete as possible.

**THE ESSENTIAL FEATURES THAT CONSTITUTE
A POTENT AND EFFICIENT ANTISEPTIC,
GERMICIDE, ANTIPHLOGISTIC AND
GENERAL HEALING ACENT.**

BY WM. HOOKER VAIL, M.D., ST. LOUIS,

Visiting Surgeon to Mayfield Sanitarium, House Physician for Wm. Barr Dry Goods
Co., Physician for the Guardian Co., etc.

The manufacture of new preparations that are commended to the profession as potent aids to the healing art has increased most remarkably during the past decade. As time advances the fertile brains of the chemists keep pace with it, and the result is a refinement of pharmacy that has succeeded in producing many beneficial and efficacious compounds, whose therapeutic value is beyond reproach. The old practitioner, say of twenty or twenty-five years ago, finds that his materia medica is not what it used to be; that time-honored tenets and methods in the treatment of diseased conditions have perforce had to yield to new and improved ideas, leading to the adoption of new and improved remedies. Among the many pharmaceuticals prepared by these fertile brains the disinfectants, antiseptics, germicides and antiphlogistics have been most prolific.

A remedy that combines within itself in a superior manner all of the above-named attributes would be an ideal preparation, applicable in a wide range of diseased conditions, an efficient aid to the surgeon as well as the physician, and an unparalleled boon to suffering humanity.

Such a remedy is to be found in zymotoid, introduced to the profession by Dr. W. B. Arnold of Rockford, Ill.

That it is of inestimable worth its use will readily demonstrate. Ultra ethical people need not scruple to use it, as its composition is freely made known to all physicians.

How shall we prove a remedy? Not in the laboratory, not by expert chemical analysis, but by its extensive and careful exhibition at the bedside and carefully noting the results. Thus have I proved zymotoid.

The subsequent clinical reports of cases in which I employed it, and upon which is based my opinion of its potency and efficiency, lucidly demonstrate its expert therapeutic value along this line of action.

CASE 1.—*Ulceration of Os Uteri*.—Mrs. M. C., aged thirty-

one years, had a very severely lacerated, ulcerated cervix uteri. I had been treating her for some time with different remedies, douches, etc., but failed to make much improvement, and at the end of every treatment she would complain of great pain, which would last sometimes for two or three days, and always followed by profuse hemorrhage. The control of the pain was my first step, so when I was called to her again I immediately cleansed the parts with zymotoid, and applied a tampon of antiseptic absorbent cotton that was thoroughly saturated with the medicament to the affected portion. In less than fifteen minutes after its application she experienced the greatest ease and comfort, and I myself was surprised to notice the diminution of the ulceration and congestion when I made an examination on the following day. I then commanded the patient to use vaginal tampons thoroughly saturated with the zymotoid every day and sometimes twice a day, morning and night, for two weeks. From that time on there was no pain or hemorrhage, and after a month had elapsed she experienced no discomfort, however slight, and is at present a practically well woman. I never noticed more prompt improvement in a similar case from any other medicament that I had employed.

CASE 2.—*Old Chronic Leg Ulcer*.—A gentleman, aged forty-five years, had an old chronic ulcer on his right leg ever since the war, having been injured in that portion, and had tried everything for years, so he stated, but could never get cured of it, and at times it would annoy him so that he would be compelled to keep to his bed for weeks at a time. I deterged the environing surface with a zymotoid solution, applied a pledget of absorbent cotton saturated with the solution to the sore, and it healed rapidly and perfectly in less than two weeks. A year has passed since treatment was first begun, and he has experienced no more trouble with his limb. I am persuaded that zymotoid is unsurpassed in these conditions.

CASE 3.—*Cancer of the Penis*.—A deplorable case of this nature was brought to my notice just at this time when I had been having such excellent results in the two cases above described. A young man, aged about thirty-one years, was in this state when I was called to his aid. I found him, indeed, in sore straits. The upper portion of the penis was entirely eaten away, and the infection was extending further up the organ. He was suffering the most intense agony, and the foul odor nearly staggered

me when I entered the room. Indeed, I detected its presence when I entered the front door, as it was temperate weather and the doors were all opened wide, but when I approached the bedside and began to examine the afflicted organ it was overpowering in its pollution and offensiveness. I had them bring me some tepid water in a bowl, into which I poured some zymotoid, making it quite strong. With this I ordered the penis and environing parts to be washed in my presence, at the same time ordering that the entire house, and especially the room in which he was confined, be thoroughly disinfected with it, a feature which was to be continued until further commanded. I then moistened a large piece of absorbent cotton with the solution, full strength, and wrapped the organ in it. This was repeated three times a day, and oftener if there was pain. Zymotoid stopped the pain almost immediately and caused the parts to heal rapidly. In ten days he was able to go out and around, but I commanded the use of it for two weeks longer, at which time there was no more supuration whatever and he was in very good health.

CASE 4.—*Severe Cut in Back of the Neck.*—A young fellow, aged about twenty years, got into some trouble during the strike here, and the result was a severe cut in the back of the neck, extending from ear to ear. I cleaned the wound with zymotoid solution, and then proceeded to suture it, taking twenty-six stitches in all; after which I bandaged it with antiseptic absorbent cotton saturated with zymotoid, full strength, and continued to dress it for a week with this remedy. At the end of this time it had given no signs of suppuration or inflammation, and when I took out the stitches it was as pretty an operation as you could wish to see. As a surgical dressing applied to incised, contused or lacerated wounds or amputations zymotoid is most excellent.

CASE 5.—*Contused Cheek.*—Another case of accident, which was occasioned by some altercation. A watchman at the Base Ball League Club in this city, while doing his duty at the gate preceding the afternoon performance, was seriously cut in the cheek under the right eye by some ruffians who were clamoring to gain an entrance unlawfully. He came to me immediately and I followed the same line of treatment pursued in the previous case, and the wound healed in three days' time. When he arrived at my office he was almost crazy with pain, and it had swelled so

rapidly that his eye was almost closed. Ten minutes after I had applied the zymotoid solution he said the pain had entirely disappeared and he was resting quite comfortably compared to what he was when he first entered.

CASE 6.—*Severe Scald*.—A child, aged 4 years, upset a coffee-pot of boiling hot coffee, and the contents covered the entire portion of both lower limbs. When the shoes and stockings were removed bits of flesh came away also. Zymotoid applied immediately, on cloths that were thoroughly wet with the solution, eased the pain at once, and in less than an hour the child was fast asleep. At the end of three days, during which time zymotoid was constantly used three times a day, only a slight trace of the accident could be observed, and this was where the flesh had peeled away. He is now, a week later, playing around as though nothing had happened to him.

CASE 7.—*Gunshot Wound*.—A horse jockey received a gunshot wound in the back, the bullet coming out under the left arm, just below the nipple. He had neglected to call anyone, thinking that as the bullet was not in it it would heal itself. At the end of the second day I was called to him, and found a bad case of inflammation, and that suppuration was taking place. He had quite a fever. Zymotoid promptly controlled the inflammation, stopped the suppuration, and at the end of the week the patient was attending to his duties again none the less disabled for his injury.

CASE 8.—*Gangrene*.—In a case of cancer of the breast, in a woman fifty-five years of age, that had been pronounced hopeless by eminent authorities, both in her native state and in an excellent hospital in New York City, I achieved most wonderful results with zymotoid. She was in a most weakened state, circulation poor, so when I had removed the cancer I was not surprised that gangrene set in, which it did. I knew that if anything would stop its progress and repair the damage done, it would be zymotoid; so began its employment at once, and it effected a most perfect cure.

CASE 9.—*Blood Poisoning*.—A lady, aged twenty-six years, scratched her finger on a rusty nail while cleaning house. It gave her no trouble until the fourth day afterwards, when it began to pain her greatly, and swelled to twice its normal size. The pain extended up the arm to the armpit, and I was compel-

led to curette it out, which I did, and extracted quite a large quantity of bloody mucus. Blood poisoning had set in, so I immediately applied zymotoid to the incised wound, and the pain, swelling, inflammation, etc., were conquered at once. By applying this remedy three times a day, oftener if needed, the septic condition was abrogated, and she recovered entirely in ten days' time.

CASE 10.—*Leucorrhea*.—A bad case of chronic leucorrhea in a young woman, aged 28, belonging to one of the finest families in the city, was cured in three weeks by the continuous usage of the zymotoid. She came to my office for treatment twice a day, morning and evening, for two weeks, during which time I used nothing but this valuable medicament. She now douches herself with the solution once every three days, and will continue to do so for a month longer, in order to thoroughly eradicate all remnants of germs that might possibly lurk in the hidden recesses.

CASE 11.—*Erysipelas of the Throat*.—A young man, a lawyer by profession, was completely relieved of this disease by the use of zymotoid. It was applied internally and externally, and it was the means of clearing the throat at once. A short time ago a well-known physician here died of this disease, and he was waited upon by a very eminent practitioner, so when my patient developed the disease I was, most naturally, worried a trifle, but relied upon zymotoid to bring us out heroically, which it did promptly and effectually.

CASE 12.—*Insect Bite*.—A very prominent minister of one of our churches called at my office with a badly swelled eye and forehead. He stated that during the night he had been bitten by some insect unknown to him, and that the pain, swelling and inflammation were so severe that he was obliged to seek medical aid. He was in a high state of fever from the disseminated poison, and looked as bad as he felt. I applied zymotoid to the bites and ordered him to keep them moistened with the solution by using absorbent cotton compresses, thoroughly saturated with it, night and day for a day or two. At the end of the second day he could see quite a little out of his eye, the swelling having been reduced very much, and at the end of the week he was in his pulpit again, exhibiting no sign of the trouble.

INTERNAL ANTISEPSIS.*

BY REYNOLD WEBB WILCOX, M.D., LL.D.

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The author begins with the statement that it is in the field of the infectious diseases that internal antiseptics will of necessity have its most important application. It should be useful in septicemia, and possibly in pyemias, in which the pus foci are not accessible to the surgeon. Not that the author rejects surgical methods; accessible foci of infection should receive that treatment. His plea is for a method of combating infection in cases where surgery fails.

Is internal antiseptics possible? If the symptoms indicative of septicemic infection retrogress; if the chills, malaise headache, remittent fever, restlessness, prostration, sweating, muttering delirium, red and glazed or leathery tongue, full, bounding and compressible pulse, enlargement of the spleen, and hypostatic congestion of the lungs, gradually become less marked under the administration of a remedy, it may be suspected that the improvement is due to it. If this association of remedy and relief becomes fairly constant, and the failures explainable, the suspicion may become a well-established belief.

To be an efficient antiseptic a remedy must reach the micro-organisms anywhere in the entire area of distribution of the blood, and either completely destroy them or prevent their further growth. The symptoms due to bacterial activity, as well as the evidences of the presence of the micro-organisms in the excreta, must diminish and disappear.

The author then proceeds to instance some of the various methods by means of which the efficacy of internal antiseptics is demonstrated. Thus, as he proved in his Albany paper of 1895, chlorin administered in typhoid fever cleans the tongue, improves the appetite and digestion, lessens the fever, deodorizes the stools, better the general condition and the nervous system, and shortens the duration of the disease. In tuberculosis the administration of creosote, and more especially the carbonate of that drug in prolonged doses, is followed by a diminution of the number of bacilli in the expectoration, as has been demonstrated

*Abstracted from a paper read before the Medical Association of the Greater City of New York, and published in the *Medical News* of October 6 1900.

by Hölischer and others. In many disease conditions of the alimentary canal Bouchard found that the number of pathogenic bacteria in the feces was markedly diminished by the administration of naphthol. Hueppe found that no cultures could be made from the intestinal contents of a patient who had died from an apoplexy appearing in the course of an attack of Asiatic cholera who had been treated with bismuth tribromo-phenolate (xeroform) exclusively. In other and exactly similar instances, when tannic acid injections had been used, cultures were made without difficulty.

Finally, it has been known for some years that most typhoid fever patients discharge large numbers of Eberth's bacilli in their urine. Quite recently Richardson, Horton-Smith, Gwyn and Andrews have demonstrated that hexamethylen-tetramine or urotropin administered by the mouth causes them to disappear completely.

Urinary toxicity itself, as shown by its varying toxicity when injected experimentally, Wilcox does not believe to be an accurate method of determining the value of a certain plan of treatment. Whilst changes in the uro-toxic coefficient may be assumed to indicate variations in the elimination of toxins by the kidneys, physical or chemical analysis is necessary to prevent misleading results.

To the question as to whether internal antisepsis may ever be harmful, the author answers in the affirmative. Certain substances which are most trustworthy antiseptics in vitro are poisonous in the body. Instances of fatal poisoning by phenol, iodoform, corrosive sublimate, etc., have been too frequent to be ignored; and these and all substances which are local irritants or destroyers of blood corpuscles cannot be employed.

More especially, as regards the employment of intestinal antiseptics, it is often held that the bacteria are essential for digestion and assimilation, and that their destruction is liable to interfere with the nutrition of the patient. The researches of Nencki, Nuttall, Thierfelder and other observers would show that bacteria are not necessary for these physiological processes, though certain loosely-combined compounds, such as salol, bismuth salicylate, and others are broken up by them. This is confirmed by Levin's observations in the polar regions, where he found the intestinal contents of bears, seals, ducks, sharks, sea-urchins, crabs, and other animals bacteria-free and sterile.

Dr. Wilcox then explains the conditions under which internal antiseptics should be employed. Surgical measures should be used when the infective foci are accessible. Infections resulting in septicemias in which the toxins are most potent in causing danger, such as diphtheria, should be neutralized by antitoxins. Internal antiseptics are in place where the streptococcic infection is of most importance, and where a serum treatment is not thoroughly established. He warns his hearers that care must be taken in the administration of remedies like naphthalin or salicylic acid, which may act unfavorably upon the kidneys, or any of the phenols, which are cardiac depressants. Kind Providence is just as watchful over the pathogenic bacteria as over their unwilling host. On the other hand, he deprecates the position of bacteriologists who deny the efficacy of small doses of intestinal disinfectants which do not kill the bacteria, forgetting that they may paralyze them and prevent the formation of toxins.

Among the general internal antiseptics the author considers chlorin, the salicylates, and quinine and silver, recently suggested for that purpose. In 1890 Carey Lea first produced it in allotropic form, and seven years later Credé first used the colloidal silver in medicine. It is almost entirely soluble in water and albuminous fluids, and it seems either to inhibit the action of staphylococci and streptococci, or destroy them altogether.

Colloidal silver is employed internally dissolved in equal parts of albumin and glycerin, to prevent its conversion into a chloride in the stomach; in aqueous solution hypodermically, since it is non-irritating; as a 15 per cent. ointment, known as unguentum Credé, for inunction; and by rectal and intravenous injection. Schlossmann has shown that it is non-toxic and unirritating to mucous membranes, and thus far no case of argyria has been reported.

Credé claimed that the colloidal silver has a very beneficial influence and often effects a rapid cure in recent and chronic sepsis and furunculosis, when secondary changes in the vital organs have not occurred. He and others have treated osteomyelitis, phlegmonous angina, furunculosis, erysipelas, so-called gonorrheal and articular rheumatism, etc., by this method. Various reports, some very enthusiastic, have been presented; on puerperal fever (Peters, Jones, Voorhees), cerebrospinal meningitis (Schir-

mer), acute mastitis (Comston), malignant scarlet fever (Credé), divers septic processes (Werler), furunculosis (Wolfram), and finally in purpura in the horse (Dieckerhoff). Wilcox's own experience in septic phlebitis, of which an unusually large percentage has occurred in his typhoid fever cases, has been most satisfactory. He employed it as inunctions of thirty minutes' duration. In one instance of septic phlebitis following amebic dysentery the results were almost marvelous.

The author then considers intestinal antisepsis, of which there are many methods. Amongst the most useful remedies for this purpose are various insoluble substances, such as naphthalin, betanaphthol, and various bismuth compounds. Naphthalin, however, sometimes produces vesical irritation and other untoward symptoms. Salol is effective in many cases, but its use presupposes sound kidneys, and if fever is present or the contents of the duodenum are too acid, it is not decomposed into its constituents. Betanaphthol, though its antiseptic action was conclusively proven by Bouchard, is found too irritating to the stomach. The bismuth compounds are not irritant, and their use has been crowned with success.

The two compounds of bismuth that have been especially studied are the naphtholate (orphenol) and the tribromo-phenolate (xeroform). With the former Jasenski found that whilst the bismuth was almost completely excreted by the bowels, some of the naphthol was eliminated by the kidneys. It is certainly not poisonous in daily doses of seventy-five to one hundred and twenty grains for adults, and this quantity is quite sufficient to inhibit bacterial action. The literature has been extensive, and, in general, confirms Wilcox's personal observations.

In regard to the tribromo-phenolate the observations of Fasano are quite conclusive. It rapidly diminishes the amount of indican in the urine and the putrefactive action in the intestines. After five days, use the feces of patients suffering from typhoid fever give no cultures of typhoid bacilli or the bacterium coli. Intestinal tuberculosis in some instances yields to emulsions administered either by the mouth or by the rectum. The tribromo-phenol is apparently slowly liberated, so that no poisonous symptoms appear even from daily doses of over one hundred grains. Some of it, at least, passes out through the urine, for

Reynders has been able to detect tribromo-phenol twenty-four hours after the absorption of the drug.

Internal remedies designed to act on the tubercle bacilli are too numerous to mention. Beechwood creosote, conceded to be useful in the treatment of pulmonary tuberculosis, has well-known disadvantages. The non-toxic and unirritating carbonate, and perhaps other derivatives, and guaiacol carbonate, have thoroughly supplanted it. If it is not germicidal to the bacilli, it renders the soil unsuitable, and hinders their development. Twenty to sixty drops of the creosotal thrice daily in port or sherry seems to be efficient. Thomson, Smith, Cassout and Corgier testify to its value in pneumonia. Eschle has shown that guaiacol carbonate is certainly harmless. Four to seven grains four times a day is a sufficient dosage.

Urotropin (hexamethylen-tetramine), a condensation product of formaldehyde and ammonia, first made by von Butlerow in 1860, is probably the best of the urinary antiseptics. It is used to sterilize the urine by destroying its micro-organisms, which it does effectually in pyelitis, pyelo nephritis and cystitis. Nicolaier employs about eight grains thrice daily; but doses of even one hundred and fifty grains are well borne. Formaldehyde is liberated in the urine; and this, even in the smallest amounts, prevents the development of micro-organisms. Richardson found that its use by typhoid patients always freed the urine from the bacilli. Wilcox has made a personal observation in a case of tubercular cystitis, in which the bacilli diminished notably in the urine during its administration, but a continuance of the medication is necessary.

Thirty years ago, the author concludes, the foundations of surgical antiseptis were laid, and the ideal result has now been nearly attained. Internal antiseptis to-day rests upon quite as secure a basis as did the surgical at the beginning, and the ensuing three decades will doubtless see the fruition of our most daring hopes. As the surgeon gives credit to Lister, so must we acknowledge our indebtedness to Bouchard. We can now safely say that internal antiseptis is more than the dream of the theorist.

RECTITIS; OPERATION ADVISED AND REFUSED; BLOOD CURED.

BY T. J. BIGGS, M.D., STAMFORD, CONN.

Alonzo R., age forty-three, entered hospital June 1st, 1890. Diagnosis: rectitis. Case of Dr. G. The patient said that for three years he had been troubled greatly with constipation, so much so that all medicine that he employed would have at best very unsatisfactory results, so that finally he had to resort to enemas. The long continued use of this treatment had produced rectitis. He said that with the last six months he had been passing with his stools large quantities of mucus, containing considerable blood, attended with severe pain. The general symptoms presenting at the time of my first examination were: constant nausea, and sensations of burning in the rectum, with constant desire for stool, with frequent attacks of tenesmus, often so severe as to cause a prolapse of the mucous membrane. The stools were hardened feces, with occasional scybala from the distended colon. They caused intense pain, especially when the mass reached the rectum. Another constant symptom was nausea, being more especially marked during the tenesmus. He also suffers with headache, feverishness and malaise. He had frequent attacks of strangury and involuntary urination. So severe was his condition that I advised operation. This he would only agree to after my having exhausted every other treatment. Consequently I determined to employ bovine.

His secretions were regulated and the nurse instructed to give him nothing but bovine and milk, a wineglassful every three hours. The rectum was irrigated three times a day with Thiersch solution, followed by bovine-Thiersch injections. From the very first he experienced great relief.

On the 7th the mucus and blood had increased greatly in quantity, headache and feverishness had ceased, and he felt greatly stronger. The tenesmus was less frequent and severe. Bovine pure, as an injection, was now substituted for the bovine-Thiersch, being employed three times a day as before.

On the 15th he continued to show a decided improvement, the nausea and sensations of burning in the rectum having entirely disappeared, and for two days there had been no tenesmus, and for five days no prolapse of the mucous membrane. The stools at this time were small in quantity and semi-liquid, and for a

week there had been no involuntary urination. Treatment continued.

On the 21st the patient said he felt well and strong; was allowed to get up and move about. The rectal injections were employed now twice every twenty-four hours.

On the 27th a careful examination of the rectum showed it to be entirely healed and in a healthy condition.

On the 28th he was discharged cured.

The Temperature of the Human Body.—Observations made by Colonel Hamilton, of the India Medical staff, upon Gurha soldiers, indicate that the normal temperature of the natives of the Himalayas is 96° to 97° , from which it seems just to conclude that body temperature is influenced by climatic conditions.—*Mod. Med.*

Another Toe-Finger.—The right forefinger of a young man had been cut off four months before the operation described. Eiselsberg applied in its place the second toe, leaving it still attached to the foot by a portion of the soft parts, and applying a plaster cast. The connecting bridge was gradually severed and completely divided by the twelfth day. None of the toe was lost and sensibility has developed; mobility has not yet appeared, but is confidently expected in time, as occurred in Nicoladoni's toe-finger operation two years ago.—*Ex.*

The Brazilian Twins.—It is announced that one of the twins, whose separation was successfully performed by Dr. Provost on May 30, in the San Sebastian Hospital, died on the seventh day from inflammation of the pleura. Before the operation, Rosalina had suffered an attack of grippe, while Maria remained well, satisfying the surgeon that there was no physiological, psychological or anatomical condition to forbid their separation. The children were chloroformed separately, and the operation lasted two hours. When they came out from under the influence of the anesthetic, each asked where her missing sister was, and when they realized that they were separated and still alive, they exclaimed, "Oh, doctor, how good you are."—*Modern Med. Sc.*

APHROTONE.

BY WM. HOOKER VAIL, M.D.,

Visiting Surgeon to Mayfield Sanitarium, House Physician to the Wm. Barr Dry Goods Co., Physician to the Guardian Company, St. Louis.

Prostatitis and enlargement of the prostate are very prominent among the diseases that attack men past middle life, and also young men who have had, at any time, gleet, stricture, gonorrhea, either acute or chronic, also those who have practiced masturbation to excess; and if there ever was a disorder, the treatment of which has been so unsatisfactory, either medically or surgically, that one certainly is prostatitis, and we might include the whole category of prostatic troubles, but it seems that only palliative measures have been employed by physicians for the relief and cure of these diseases, which are essentially diseases of the sexual organs and have nothing to do with urination, so far as causing these disorders, but the presence of prostatic diseases produces urinary disorders, that is enlargement of the prostate, or any other abnormal condition of this organ, affects the organ of micturition most extensively, and hence troubles along this line are inevitable. Prostatic troubles are of much interest to both the medical profession and to humanity, for the canal reaching from the kidneys, and which comprises the bladder, ureters and urethra, furnishes a large field for disease; and when the testes, ducts and prostate are considered, there is presented to us a territory prolific of numerous diseases, such as enlarged prostate; prostatitis, orchitis, urethritis, cystitis, incontinence of urine, and many other abnormal states of the renal organs, which are always accompanied with inflammation, congestion and urinary deposits, etc.

Prostatic diseases are often the development of complications of posterior gonorrheal inflammation; in short a very prominent agent in the development of these diseases is gonorrhea, but inflammatory conditions of this organ have many causes. For instance, if gonococci, or any other micro-organism which produce pus, enter the urethra and eventually get into the follicles of the prostate, or if any refuse from the bladder, abnormal urine, toxic substances from catheters, exposure, injury, etc., that interfere with circulation and cause inflammation, the issue will be prostatitis, either follicular or parenchymatous.

Prostatitis may be either acute or chronic, and if the former

it is commonly the result of the extension of an inflammation from adjacent parts, and chronic inflammation of the prostate may follow an acute attack. On the other hand, it may, however, originate as a chronic or subacute affection, and a gonorrheal urethritis is a very exciting cause, the inflammation in this case running along the urethra to the prostate. When there is present acute inflammation, the prostate is largely congested, and there are great swellings and edema which extend to the surrounding parts. The prostate itself is often enlarged to three or four times its natural size, and even with this degree of inflammation it is possible to obtain resolution and a comparatively normal state; but should the inflammation run a more acute course, abscesses may be formed, starting first as tiny points of pus, which gradually enlarge and unite until the entire organ becomes an abscess-cavity.

The principal symptoms are pains deep in the perineum and rectum, with tenesmus of the bladder and the rectum. There is frequent urination, accompanied with pain, especially during the voiding of the last few drops, these usually being colored with blood. Much fever is present, more often than not being preceded by a chill, and there is severe pain in the back, loins and thighs.

In chronic prostatitis, a prostate that is chronically inflamed is generally enlarged more or less, but its size may be either natural or diminished, and the gland is not so firm as in health, its texture being more open and spongy. The mucous membrane possesses an increased vascularity, and may be thinned, particularly if an anterior stricture causes the prostatic urethra to be dilated. Again, it may be thick and spongy, partially bereft of epithelium or greatly covered with spots of ulceration, while in cases of long standing it is quite often pigmented.

Individuals suffering with chronic prostatitis are annoyed with having to urinate frequently, occurring oftentimes in intervals of less than an hour. In mild cases the frequency of urination is scarcely noticeable, but in cases more severe it is exceedingly troublesome. Low down in the back, with twinges shooting into the thighs and testicles, is severe pain; also pain of a dull, heavy character, referred to the perineum and lower rectum.

For this disease, and many others of the genito-urinary tract, I have obtained most effective results from the use of aphrotona,

a diuretic, tonic, aphrodisiac, containing the active principles of kola, coca, damiana, couch grass, saw palmetto, combined with acetate of potash. In the treatment of enlarged prostate, from which arises prostatitis, whether acute or chronic, it is certainly an invaluable medicament, imparting renewed life and strength to the organs that have been rendered inactive by disease, indiscretion, constitutional weakness or abuse.

In my extensive practice in female complaints, especially amenorrhea, dysmenorrhea, and leucorrhea, aphrotone has given me marked results. Uterine diseases, or derangements of the uterus and its appendages, are even more general than prostatic troubles of the male sex, and of these derangements amenorrhea, dysmenorrhea and leucorrhea are by far the most prevalent. Scarcely two women in twenty pass the trying monthly period without more or less pain, etc., which, if persisted in, undermines the general health of the individual, by deranging every other function of the organism by reason of its nervous and vascular sympathy. These disorders of the menstrual functions, as well as various other troubles that affect the female organs, should not be neglected for even a short time, for in almost every case, with the exception of pregnancy, they form the basis for many, oftentimes fatal, diseases.

Aphrotone, being an efficient genito-urinary tonic, is most excellent in restoring the normal tonicity to the female reproductive organs, and by the use of a bottle or two of this production the suffering associated with the menstrual epoch is materially lessened. In ovaritis there are few medicaments that act so favorably, and in these particular cases the results are more than ephemeral. They are usually permanent. We are aware that if healthy circulation is brought to bear or induced to take place through these organs, it is evident that the normal function will be restored, and the abnormal state of the ovaries, fallopian tubes and uterus will be removed. This is the effect of aphrotone on the circulatory environments of these organs. It supplies perfect nutrition for the blood that has become impoverished and tones up the nervous forces, the two essentials in overcoming and subduing amenorrhea; in dysmenorrhea it entirely reduces and removes the congestion or inflammation of the womb, which enlarges the outlet and permits the blood to pass out uninterruptedly. Besides, it is very effective in a congested state of the uterus and its

appendages; in leucorrhea it always cures in a short time, by restoring a healthy circulation in the parts, a fact that has been recognized by massagists, but their method is not always practicable.

CASE 1.—A man, aged 55 years, married, complained of frequent urination, especially at night, the urine usually cloudy, and mixed with blood at times. When sowing his wild oats he had an attack of gonorrhea. The use of the catheter developed no symptoms of stricture. Sexual power greatly impaired. This gentleman had been ill for some time, until the symptoms increasing so intensely he could endure it no longer, and had been in the habit of using the catheter very frequently. I prescribed aphroton, a teaspoonful three times a day, and on the third day increased the dose to two teaspoonfuls t. i. d., recommending a light, nourishing diet—milk, chicken broth, etc.—forbidding liquor or spirits in any form, also tobacco to a very great extent. I always allow my patients a little of these, either spirits or tobacco, where they are accustomed to their use, for I have found that a total abstinence from their use will render the patient nervous and irritable, and hence retard recovery by interfering with the beneficial effects of the treatment. He commenced to improve from the very beginning of the employment of aphroton, and at the end of the week the enlargement was scarcely noticeable, the urine became clear and sexual power largely increased. At this time I reduced the dose to a teaspoonful t. i. d., and at the end of the tenth day only a teaspoonful morning and evening. When three weeks had passed he was perfectly normal in every particular.

CASE 2.—Another man, aged 39 years, had been treated by several practitioners, among whom were three specialists, and had consumed much time, money and medicine in trying to be cured. My diagnosis revealed enlargement of the two lobes of the prostate. He also was obliged to employ the catheter; and the urine was scanty and mixed with blood also. He stated that he had had syphilis at one time and drank heavily. I gave a cathartic to clear the bowels, aphroton in teaspoonful doses three times a day, and the urine began to clear up from the start. The diet was about the same as in the preceding case; allowed him also a little alcohol, to which he had been so accustomed, and in a month's time I succeeded in effecting a cure.

CASE 3.—I had a case not long ago, one of impotency from no other cause than from fear of not being able to accomplish the act, demonstrating the fact that mind has something to do with this trouble, though in reality it is because disease, accident, etc., have greatly debilitated these patients, and the reproductive organs have become affected in consequence. I prescribed aphrotone, knowing it to be an efficient tissue-builder, and one that would exert a particular tonicity and restorative effect on these organs. In order to accomplish this I prescribed aphrotone, two teaspoonfuls four times a day. It acted most remarkably and proved that the remedy is just suited for this class of cases.

CASE 4.—Mr. F. A. H., aged 38 years, had been affected with prostatic disease for several years. For the last two years he had not been able to pass his water without using a catheter, and the urine voided was alkaline and ammoniacal in odor. Aphrotone relieved him entirely, and after the second day's use of it he was not troubled with the prostate at all. He kept up the use of this remedy for three weeks, a teaspoonful three times a day, and at the end of that time was completely cured.

CASE 5.—Mr. W. C. B. was troubled very much like the preceding case, and treatment was very similar. He made a good recovery, and is at present free from any prostatic trouble whatever.

CASE 6.—I treated a case of acute prostatitis, using aphrotone together with other treatment, and in a very short time a cure was effected. This was a typical case, every symptom of the disease present and exaggerated, the gland tender, hot and swollen, and urination almost stopped. Hot applications over the field and leeches to the perineum, together with aphrotone, produced the result above stated.

CASE 7.—Young man, aged about 22 years, had been treated for some time past for gonorrhea and gonorrheal rheumatism, of which he was apparently cured, but after some months he returned, stating that he was not able to perform the act of copulation nearly as often as formerly, and the pleasure was greatly diminished. I prescribed aphrotone, and he told me he was perfectly satisfied with the results.

CASE 8.—Young man, about 33 years of age, had been ratting around for several years, as he termed it, and was nearly a wreck, and thought he could not be cured, as he had had nearly everything

and treated with a large number of the physicians in town. I told him he did not treat long enough with any one physician to get good results, and that he was to blame for the results. I first circumcised him, then passed the sounds on him, and placed him on aphrotone, and he is here to speak for himself—that is, he is about as good as ever.

CASE 9.—A man, aged 46 years, bookkeeper, had not been able to maintain an erection but a short time—never protracted enough to penetrate the vagina. He said he had been treated for syphilis a long time, and had taken large doses of various remedies for some time, when he gradually grew into this state. I prescribed aphrotone and a tonic for him, when he said he was able to perform the act of coition quite satisfactorily. I find it works promptly and efficiently.

UTERINE DISORDERS.

CASE 10.—Miss T. H., a stenographer, had been a sufferer from amenorrhea for some months, and had lost many days here of late from her work, being obliged to stay at home a day or two every month. She called me to treat her, and the first medication I gave her was a laxative, followed by aphrotone, a teaspoonful three times a day. When she had taken the medicine a week she came to report to me as usual, and there was quite a noticeable change for the better in her condition. I ordered its continued use for a month, and then to report again. When she came this time she said she had passed through the period most remarkably and that there was quite an increase in the amount of the flow which passed through, causing her no trouble whatever. I told her to discontinue its use until a week before the next period, and then to resume it again. After this there was need of no further medication along this line, as the function was fully established.

CASE 11.—Mrs. P. A. D., aged 29 years; married ten years; no children. She had been afflicted, she said, nearly from the very commencement of the menstrual period with dysmenorrhea, so much so that she dreaded the approaching time, and almost went into convulsions for two or three days when it did appear. She was obliged to take to bed and have hot applications placed over the abdomen and to the feet, and had taken so much whisky, ginger, and remedies prescribed by several physicians that she

was completely discouraged. I immediately employed aphrotone and obtained the most remarkable results. There was a decided improvement in her whole condition, and she now has no trouble at all at these epochs. She was ordered to continue the remedy for two months, a week before each event, and this brought the change.

CASE 12 —Another young married lady, suffering with dysmenorrhea, was also troubled with leucorrhea and had been so from the age of 17. She had been treated for it also, but had never been entirely free from either, especially the latter, which was draining her system quite noticeably. Aphrotone cured both, and she at this present time, two months having elapsed, has had no discharge, however slight, and is picking up in weight and strength, besides her energy has returned twofold.

A Teetotal Prescription.—The following prescription for cases of fainting, etc., appeared in the *Scottish Temperance League Journal* as a substitute for brandy: Equal parts of strongest tincture of ginger, sal volatile, and chloric ether. Dose, a small teaspoonful in about a tablespoonful of water. It is not said how often it is to be repeated. Such a combination, with the addition, perhaps, of a few drops of tincture of cardamoms, would constitute a good pick-me-up for anyone requiring a restorative after having “dined not wisely, but too well.” A medical contemporary, in quite a friendly spirit, brought under the notice of those responsible for this teetotal prescription the fact that it contained a very large proportion of alcohol, and was therefore, a risky remedy to be placed in the hands of the public to be taken as required. Once started that might be very often. Apparently the advice offered by our contemporary has not been accepted by the *League Journal* in the spirit in which it was given, as a long article appears in this week’s issue defending the prescription. We are certainly disposed to homologate the advice given by our contemporary. In the same kindly spirit we would venture to state that the administration of such a mixture might be fraught with considerable risk, as a liking for it might be very easily engendered, with, perhaps, a too frequent recurrence of the fainting condition.—*Med. Press.*

THE PROPHYLACTIC AND CURATIVE ACTION OF UROTROPIN.*

BY DR. ZAUDY, ASSISTANT PHYSICIAN,

From the University Medical Clinic at Göttingen of Professor Ebstein, Medical Privy Councillor.

Urotropin, introduced into practice by Nicolaier, needs no recommendation nowadays. Its favorable effect in most of the bacterial diseases of the urinary passages is so generally recognized, and the clinical effects obtained from its use agree so thoroughly with the laboratory results, that the record of cures of individual cases is of no special interest. Professor Nicolaier himself has recently† collected the very voluminous literature of urotropin, and has added thereto an extensive series of new experimental and clinical observations. His article is also a useful resumé of the rules that govern the use of the drug.

If I report a clinical case here in spite of these facts, it is for two reasons. In the first place an opportunity to convince oneself of the effect of the urotropin by post-mortem examination is certainly a rare occasion; and on the other hand the prophylactic and not alone the curative effect of the drug was unexpectedly great, as the autopsy revealed.

The patient, A. W., was an engineer at A. On May 11, 1900, he was referred by the surgical clinic, to which he had been admitted shortly before, to the medical clinic. He presented a marked picture of paraplegia. Both legs were entirely paralyzed and anesthetic; there was paralysis of the sphincter ani, through which feces, mostly very thin, passed involuntarily; the detrusor vesicæ did not functionate, though the sphincter vesicæ seemed to do its work at first. A large part of the intestinal tract was also paralyzed, as was shown by the permanent and severe tympanites. The absence of thermic and tactile sensibility extended upwards from the thighs to just under the navel. Sensibility to pain was still present at first over the lower half of the abdomen, though reduced in acuity. At the time of his reception the patient had two superficial losses of epithelium upon his buttocks.

I shall give only a short synopsis of the course and complica-

*Translated from the *Deutsche Medicinische Wochenschrift*, Vol. 26, No. 37, September 13, 1900.

†Experimental and Clinical Researches Upon Urotropin. *Zeitschrift für klinische Medicin*, Vol. 38, p. 350. (Festschrift to Professor Ebstein, Privy Councillor, p. 66).

tions of this grave affection. Fever was at first constant, but later apparent only in the evening. Cardiac weakness was a permanent condition. The sensorium became dulled. Then there appeared trophic disturbances on the most varied portions of the body; edemas and sanguineous bullæ developed; and the formation of several extensive gangrenous areas could not be prevented by the most careful prophylactic measures. In fact the disease took its usual and downward course. Finally, without any external lesion, there appeared on the right thigh the signs of an extensive, deep-seated phlegmon, over which a large area of skin became gangrenous upon the surface. The patient's condition was a dreadful one; and his nursing became a most difficult task. The sick man himself, however, had not the slightest sensation of anything being wrong during the entire course of the disease.

The patient was in the medical clinic for six weeks. In contradistinction to the unfavorable and relatively slow course of his symptoms above mentioned, the abnormal conditions of the urinary apparatus soon began to improve in the most satisfactory manner; and we might almost say that this improvement became even more marked during the treatment. The urine was drawn with the catheter twice daily, a Nélation being employed at first and a metallic instrument later on. Its amount was normal and its reaction acid from the first. It showed a distinct albuminous cloudiness when tested with acetic acid and potassium ferrocyanide; and the microscope revealed numerous leucocytes and bacteria. All this was not remarkable in view of the nature of the disease; and it became less so when it was shortly observed that an abundant amount of sanguinolent pus was voided from the urethra, the quantity of which could be much increased by the exercise of ascending pressure from the root of the penis to the glans. The discharge contained no gonococci. The abscess whose presence was shown by this symptom was believed to be in the prostatic urethra, a conclusion which was confirmed by further investigation by other methods. At this spot in the urinary passage the catheter encountered an obstacle from the very beginning which always had to be passed by repeated advances and withdrawals of the instrument, and which seemed to be essentially a false passage. Additional evidence of the correctness of this view was afforded by the fact

that there were always a few older blood clots in that place, which came out entangled in the eye of the catheter. Such was the condition of the patient's urinary passages at the time when he was received at our clinic.

From the first day until the time of his death (May 11th to June 20th, 1900), the patient, besides other treatment, was given 0.5 gram ($7\frac{1}{2}$ grains) of urotropin in tablet form three times daily. He took altogether nearly 60 grams (2 ounces) of urotropin; and though the amount of nourishment which could be administered was but very small, he never objected to the tablets. By-effects which could be attributed to the drug were never seen; but of course it would have been difficult to demonstrate them in view of the severe general disease and the apathy of the patient. Even in so short a time as eight days after beginning the treatment no more pus was voided by the urethra, and catheterization could be effected more easily. After one week's further treatment the urine began to pass involuntarily from the bladder without that organ being full; there was greater resistance to the catheter again, and after the evacuation of the urine pus flowed from the bladder. The amount of the pus increased during the next few days; and on introducing the catheter through the prostatic region the instrument seemed to pass through softened tissue. It was evident that a new abscess formation was in progress; and since the pus only flowed from the catheter with the last few drops of the urine, its source was not the bladder itself. It would not, of course, have been surprising had this been the case; the bladder had opportunity enough to become infected. The constant defecation in bed, and consequent soiling of the genitals; the extensive decubitus; the inflammatory edema of the one thigh and the adjoining skin of the abdomen; the edema of the prepuce; the constant transference of pus by means of the catheter from the prostatic region to the bladder; all these were complications from which the anterior segment of the urethra could probably not have been permanently protected, in spite of carefully cleansed glans, sterile catheters, and sterilized oil. And pus organisms present there would reach the bladder without difficulty by means of the catheter, and perhaps accentuate the action of the prostatic pus. Nevertheless the excretion of pus in the urine diminished again; and before the patient died it was certain that whilst the autopsy might reveal an affection of

the bladder of moderate grade, it would not show a severe inflammation.

On the day after the patient's death the post-mortem made by Privy-Councillor Dr. Orth revealed the following facts in regard to this interesting point:

Marked edemations swelling of the lower extremities; large decubital necrosis of both feet and above the achilles tendons, and the same over the sacrum, especially on the left side. Bullæ of the epidermis and sanguinous suffusion on the posterior and inner side of the right thigh. Above the sacrum on right side, and under unchanged skin, is an immense pus cavity stretching towards the thigh, and filled with a mass of bloody and purulent foul-smelling matter. Surface of the gluteal muscles colored dark grey and infiltrated with pus. On the left side in the corresponding location is another phlegmon, more intermuscularly located. Here also the muscles are changed into a soft, dirty grey mass. In the middle of the thighs upon both sides edema only; no suppuration. A large cavity filled with pus and containing, like the previous one, large shreds of fatty tissue, surrounds the entire end of the rectum and the anus. Inspection of the anterior surface of the body shows that on the right thigh the necrosis of the skin and the phlegmons extend to the inner side of the limb. The knee joint contains bloody looking pus. Over the internal condyle is an abscess of the soft parts. The inguinal lymphatic glands are enlarged. On the left side also there is suppurative inflammation of the knee joint with phlegmons of the surrounding tissues.

The urinary bladder is firmly contracted, and contains only a very small quantity of very slightly purulent fluid. The cavities between the folds of the contracted bladder are vividly reddened. [This is probably due to the mechanical action of the catheter, which at the end of the catheterization was twisted around to empty the viscus completely, and could be felt rubbing against the walls of the bladder.—AUTHOR.] Between the muscular trabulæ are various small diverticulum-like dilatations. Severe inflammatory changes are not present. The entrance of the urethra shows nothing noticeably abnormal; but above the colliculus seminalis there are on both sides openings of false passages. The one on the left side is somewhat the wider, but leads to a passage only $1\frac{1}{2}$ cm. ($\frac{3}{8}$ inch) long; the one on the

right is $3\frac{1}{2}$ cm. ($1\frac{1}{2}$ inches) long, and ends in a blind sack behind the swelling of the ureter. The pars nuda and the posterior portion of the pars cavernosa of the urethra show a brownish discoloration; then follows grey mucous membrane; the anterior portion is greyish-brown again. A longitudinal section shows nothing unusual.

Section of the prostate shows suppurative foci on the right side, and the prostatic veins contain loose thrombi of mixed appearance. The mucosa of the left ureter, the pelvis, and the calices of the left kidney are indeed here and there a little more vascular than usual, and the pelvic membrane has a few minute hemorrhages. But there are absolutely no serious lesions of the parenchyma of the kidney or the urinary passages. The conditions are the same upon the right side.

Diagnosis as to the urinary organs: Urocystitis without serious lesions; punctiform hemorrhages in the pelvis of the kidney, but no other signs of pyelonephritis.

These post-mortem findings speak for themselves, and require no further elucidation. They show more plainly than any clinical symptoms that the dangers which threatened the urinary passages from various sides were entirely warded off, practically, until the very end. It is the universal experience that patients suffering from paralysis and anesthesia of the lower half of the body mostly succumb to the severe cystitis and rapidly consecutive pyelitis. The kidneys are usually severely affected. That this was not the case here, that the post-mortem revealed that the urinary apparatus was not to any great degree involved, must necessarily be attributed to the action of the urotropin. It has effected exactly the same thing that it does, almost invariably, in cases of bacterial disease of the urinary passages without the serious complications which were present in our case. The fact that the use of the urotropin was begun as early as possible, and was continued until within a few hours of the patient's death, seems to us to be important.

I am indebted to Privy-Councillor Professor Ebstein, my revered chief, for permission to publish this observation.

CORRESPONDENCE.

LETTER FROM DR. EHLERS.

COPENHAGEN, Oct. 12, 1900.

To the Editor of the

ST. LOUIS MEDICAL and SURGICAL JOURNAL.

Dear Sir—My friend, Dr. Cahnheim of Dresden, has sent me a reprint of a letter addressed to you by Dr. Alb. E. Ashmead, which appeared in your September issue. In that letter your correspondent makes fun of a contribution written in inadequate English, which was published in the International Journal, "Leptra," of which I have the honor to be editor. I beg to inform Dr. Ashmead that he is quite mistaken in attributing the said contribution to me. The note in question was supplied and signed by Dr. L. W. Fagerlund of Aaland (Finland), who deserves our sincere thanks for doing his best to let us know what is going on in his country with regard to leprosy. We, the representatives of small nations, have in no way merited the would-be funny remarks emanating from a member of the medical profession of a great country. We are doing our best to internationalize medical knowledge, though it be in bad English. I am quite aware the English employed was not good, and I had already made arrangements with Mr. George Fernet of London and Dr. Marcel of Paris to avoid in future, as far as possible, the indifferent German, English and French of those of my valued contributors, who are natives of countries whose languages are but little understood. In conclusion I can only say, that the attitude of Dr. Ashmead in this matter is ungenerous, and unworthy of a member of a great nation.

Believe me, dear sir, yours faithfully,

DR. EHLERS.

LETTER FROM DR. FAGERLUND.

"FINLAND, GODLY, ALAND, 19X, 1900.

"M. le DOCTEUR ALBERT S. ASHMEAD, New York.

"Aujourd'hui j'ai reçu um extrait de ST. LOUIS MEDICAL AND SURGICAL JOURNAL, Septembre, 1900, qui me fait croire

que vous accusez M. le Docteur Edw. Ehlers d'avoir employé l'anglais exécrable qui vous a fait horreur (The Leprosy Question in Finland, Lepra, Bibliotheca Internationalis, Vol. I., fasc 3, pagg. 147-148). Pour vous ôter cette erreur je me hâte à vous communiquer qu'il ne faut attribuer ce langage malheureux qui vous a fait tant de peine, qu'à une négligence à moi seul.

“Recevez, Monsieur, mes salutations.

“DR. L. W. FAGERLUND.”

[REPLY.]

“To DR. D. W. FAGERLUND, Finland.

“Dr. Ashmead presents his compliments to Dr. Fagerlund of Finland and sympathizes with him in his sufferings at the hands of the *Danish bagpiper*.

“New York, Nov. 10, 1900.”

READY FOR BUSINESS.

We are in receipt of the following letter, which explains itself:

NEW YORK, NOV. 9, 1900.

ST. LOUIS MEDICAL and SURGICAL JOURNAL, St. Louis, Mo.

Gentlemen—We thank you for the kind words expressed in your favor of the third inst. We have a short story to tell, but right to the point. Burnt out, October 29. Our establishment a complete wreck—not a wrapper left to tell the tale of the catastrophe. Yesterday we began shipping our Gude's Pepto-Mangan. Our work was facilitated by the fact that we had a large shipment in the custom house that was to be delivered to us the afternoon of the conflagration. We sent the same to our temporary place of business, and we feel that we can exclaim “Richard is himself again.”

Very Truly, Yours,

M. J. BREITENBACH & Co.

Marriage of the Unfit.—At the meeting of the Tri-State Medical Society of Tennessee, Alabama and Georgia, recently held in Chattanooga, Tenn., steps were taken to obtain medical legislation in these three states for the purpose of regulating or prohibiting the marriage of habitual criminals, persons afflicted with incurable diseases, drunkards, and victims of harmful drugs.

ST. LOUIS

Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
Editor and Proprietor.
NO. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

VOL. LXXIX.

DECEMBER, 1900.

No. 6.
Whole No. 720.

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EDITORIAL.

EXIT 1900.

December is the fateful month which closes the year, and in this case the century. We are now ready to throw off the old garb and ready to assume the new one which looks so tempting. And yet the century which is closing has been prolific of a very large number of the greatest inventions which it has been the privilege of mankind to witness. The latter half of the century has marked its progress by giant strides, and in no department of the arts and sciences has this been greater than in medicine. The master minds which have been evoked and stirred to activity are indeed wonderful in the light of their achievements. We stand astounded at the fruit of so much activity, and it behooves us all to gird up our loins and stand prepared for the increased activity and still greater advances which are destined to usher in the twentieth century. But, we cannot expect to be mere look-

ers-on; it is our duty to furnish our quota to the general contribution.

Active minds are constantly working and are continuously occupied with those things of most advantage to humanity and in no department of human affairs are they more busy than in medicine. This, in all its branches, ramifications and specialties is constantly advancing, and the day is not far distant when every physician and surgeon will be unable to pursue the practice of his profession without his well-equipped laboratory. Empiricism is destined to disappear and give way to rational methods. But we will not dwell upon this theme at the present time, for December also means "Yuletide" with all its pleasures, for even the hard-worked doctor can steal a few hours for enjoyment at this season. These few fleeting moments make him feel all the stronger for the arduous work before him.

To our readers, to our advertisers, and to our contributors we desire once more to wish them all "A Merry Christmas," the last we shall wish them this century.

WELL DONE.

As may be seen from their letter in this issue of the JOURNAL, the M. J. Breitenbach Co., of New York, who handle Pepto-mangan (Gude) in this country, are fortunately not as great losers by reason of the great Tarrant building fire as they might have been, owing to the fortunate fact that a large consignment of Pepto-mangan had not yet been removed from the custom house. The medical profession as well as their patients are to be congratulated, as the latter will not be forced to suffer for want of what to them is blood and life. The M. J. Breitenbach Co., with their customary energy, immediately engaged temporary quarters, and have been transacting their business with very little or no friction. We are pleased to note this, and we are sure that all will accord them the credit they deserve as well as hold them up as examples of live business men who cannot make a large enough success in a business way. The product they handle is already one and we hope that the coming century will bring with it the dawn of increased prosperity.

MEDICAL PROGRESS.

MEDICINE.

Hyperchlorhydria.—Einhorn (*Twentieth Century Practice*) writes: "Cold sponge-baths in the morning for ten minutes before breakfast and exercise without over-exertion during the day must be prescribed. As to diet, all substances that are likely to intensely excite the glands of the stomach, *e. g.* acids and spirits, must be excluded. The food should be rich in albumen. Starchy substances should be diminished. Three large and two small meals should be taken daily. The two smaller meals should consist of a glass of milk, with bread and butter, or like fare. The food must be thoroughly and slowly masticated. A rest of at least fifteen minutes should be taken after each meal. In the way of medication alkalies are indicated. From one-half to one drachm of bicarbonate of soda should be given three times a day two hours after meals, with the addition of magnesia and rhubarb when there is constipation. This treatment can be continued for very long periods without any ill effects whatever. When the nervous element is pronounced one may make use of the following:

R. Strontium bromide..... ʒiii.
Peppermint water..... ʒxv.

M.

Sig. Teaspoonful three times a day in milk at meal times.

This may be taken for a week or two, then discontinued for a short time, and again taken. The use of electricity may be necessary. The faradic current is applied directly to the inside of the stomach. If the pain is great, galvanization must be substituted.—*Philadelphia Medical Journal*.

THERAPEUTICS.

Beta-Eucaine in Intraspinal Injection.—Dr. S. Marx has recently used at the Lebanon Hospital of New York City a three and one-half per cent. beta-eucaine solution by intraspinal injection with decided success.

Prof. W. W. Keen of Philadelphia, according to a note in the *Medical News* of October 13th, has employed a two per cent. beta-eucaine solution by this method, preferring it to cocaine because it is less toxic. Eleven minutes after it was injected into

the spinal membranes, Professor Keen began the operation for scrotal hernia. The patient talked freely and declared that he felt no pain.

Urticaria.—

℞ Ethyl alcohol,
Sulphuric ether,
Chloroform āā 30. gm.
Menthol. 0.10 cgm.

M.

Sig. Apply as lotion.

—GAUCHER.

Menthol Vinegar.—

℞ Menthol..... 3 gm.
Acid. acetic (crystal)..... 8 "
Spt. vini rect. (sixty per cent.)..... 100 "

M. Dissolve the menthol in the alcohol and add the acid.

Sig. Half a teaspoonful in a wineglass of tepid water as a mouth wash or gargle.

Carious Teeth.—

℞ Menthol 2. gm.
Camphor 1. "
Cocaine..... 0.50 "

M. Triturate to liquefaction.

Sig. Introduce into the cavity a pledget of cotton wet with the solution every half hour till relief.

Antineuralgic Lotion.—

℞ Menthol..... 1.50 gm.
Cocaine hydroch..... 0.50 "
Chloral hydrat..... 10. "

—*Medical News.*

—GALEZOWSKI.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

New Pathogenic Mold.—W. H. Ophuls and H. C. Moffitt, in the *Philadelphia Medical Journal*, present a preliminary report on a new pathogenic mold, which was formerly described as a protozoon under the name "coccidioides immitis pyogenes." The patient from whom the organism was obtained was a farm laborer, aged 19, whose sickness began, eleven weeks before admission to the hospital, with a chill. After a few days the left pleura was tapped and a large quantity of clear fluid was removed. The patient had an irregular fever, the temperature at times reaching 104°. The diazo-reaction was present, but not the Widal. About four weeks after the onset of his trouble, painful inflammation of the knees, elbows, wrists, and ankles developed. Later there

was a fluctuating swelling over the left eye, and a large gland developed in the supraclavicular fossa. There was cough, with mucopurulent and occasionally blood-stained sputum. There were no tubercular bacilli in the sputum. The lungs were irregularly consolidated. There was bronchial breathing and harsh and dry râles. The heart was enlarged, but otherwise normal. The leucocyte count was seventeen thousand. The patient died ten days after admission, about twelve weeks after the onset of the disease. The autopsy showed acute bronchial pneumonia abscesses of the retroperitoneal lymph glands, and encapsulated empyema, enlarged and softened spleen, with colloid swelling of the liver and kidneys.

In all the diseased parts that were examined there were found peculiar parasitic organisms, which, in the few recorded cases, have been described as protozoa. The life history of these parasites shows the youngest forms as small spherical masses of protoplasm enveloped in a membrane. The protoplasm is granular and stains well, and is occasionally vacuolated. The organism sometimes attains a diameter of 30 micromillimeters, and is always perfectly spherical. When the adult stage is reached, the capsule breaks and one hundred or more spore-like bodies are detached. Locomotion was never observed in the adult forms nor in the spores. The close resemblance of these spores to coccidia led to their classification as protozoa. The lesions produced by their presence in the human body are chronic suppurating processes. The organism, grown upon agar-agar, showed no mycelia. Inoculated into guinea-pigs, it caused suppurating foci, and the same mold was recovered as had been noted in the patient. The organism was found to develop mycelia when free in a culture medium such as a hanging drop of bouillon.

DISEASES OF WOMEN AND CHILDREN.

Cesarian Section as a Prophylactic in Eclampsia.—Hubert (*Journal d'accouchements*) attempts to revive the above resource, although Cesarian section is now unanimously regarded as contra-indicated in eclampsia. He gives no new arguments, and apparently has no following save some of his students at the University of Louvain. He apparently has had one or perhaps several successful cases, but these are counterbalanced by a great number of failures at the hands of the profession in general. He has no guarantee that to empty the uterus will forthwith put a stop to the

eclamptic seizures, and in many cases the interference has resulted otherwise. In at least one-third of ordinary cases of eclampsia the convulsions are prolonged beyond the period of delivery.

But when can we say—regarding the interference as purely prophylactic in aim—that eclampsia is about to set in? We may often fear it, but that is very different from actually foreseeing it. Precursory signs do not always foretell, while in certain cases all premonitory evidence is absent.

Hubert indulges in sophistries like the following: The mortality of eclampsia is 50 per cent., that of Cesarean section but 15 per cent.; why not then turn our case of eclampsia into one of plain Cesarean section, and give our patient a greatly improved chance of survival? To offset this it is only necessary to quote Doederlein's figures, from which it appears that the mortality of the Cesarean operation in eclamptics is 42 per cent., which is probably not less than the actual mortality of eclampsia in general.—*Obstetrics.*

DERMATOLOGY AND SYPHILOLOGY.

The Use of X-rays in Lupus.—Dr. W. A. Pusey (*Chicago Medical Recorder*,) says that in the proper use of X-rays we have a remedy of the greatest importance in this intractable disease. The advantages which this method seems to offer for the treatment of lupus may be briefly summarized as follows: 1. Nearly all the cases which have been treated by this method have been of grave, persistent character, and have resisted for years recognized forms of treatment. The diagnosis in practically all of the cases is above question. 2. The fact that this method is practically painless appears as an advantage of no small consideration. 3. All observers agree upon the excellent character of the scars following this method of treatment. They are soft, pliable and thin, and nearly approach the normal skin in appearance. The other method of treatment which this one approaches most closely and with which it must bear comparison is Finsen's treatment by the ultra-violet rays of white light. The two methods are similar in using for destruction of the lupous tissue actinic rays of high potency. There are the best reasons for believing that the methods are identical in principle, one using highly actinic rays derived from white light, the other similar or identical rays which are found among the X-rays. The results attained by the two methods are strikingly similar, and are a further argu-

ment for the similarity or identity of the essential agents. The advantages which the X-ray method offers are convenience and rapidity of results. Finsen's method of treatment is inconvenient and excessively slow. Under his method patients have daily sittings of about two hours, and in an hour it is only possible to treat an area a little over half an inch square. The time required for the treatment of a case extends over about two years. With the method of treatment by X-rays, on the other hand, the sittings are short, only a few minutes daily, and an area of lupus involving the entire side of the face can be treated at one sitting. The results, moreover, are obtained in a few weeks, or at most in a few months.—*N. Y. Med. Jour.*

SURGERY.

Surgical Hints.—Never place a suspicious wound in a dry dressing. The latter is the best in an aseptic wound, but you must know that it is aseptic before using a dressing that would help retain an unhealthy secretion in case one should appear.

Surgical needles will remain bright and sharp if kept in a saturated solution of washing soda. If rusty, they should be well rubbed until bright with emery powder, then washed off with alcohol and placed in the soda solution.

Amputation of the cervix may be useful in certain conditions, but certainly not in cancer. In this disease it is unjustifiable, for it does not remove the disease and it does not hasten the general involvement, and an imperfect operation for cancer is a blot upon surgery.

In children and very nervous patients it is always best to operate in the morning, as this avoids weakness from hunger and the effects of a long and nervous wait. Besides, if these patients have taken anything but whey or some predigested food in the morning the digestion will, through fear, have been quite suspended, and vomiting will certainly take place.

It is well to remember that it is practically impossible to asepticize hair. Hence operations or the treatment of wounds upon hairy parts, and especially the scalp, should be preceded by the shaving of an ample area. Patients often object to the removal of much hair from the scalp, but a little talk about the dangers of gangrene of this part will usually overcome their objection.

If compelled to amputate through the upper part of the arm or leg in a child, warn the parents that in all probabilities a con-

cal stump will result, probably requiring surgical attention in later years. The humerus and the bones in the leg are developed to a great extent from their upper epiphyses; hence, a conical stump must usually be expected, and the surgeon should protect himself by a timely warning.

In the contraction of the esophagus that is sometimes seen in hysterical women, it is well to remember that there is sometimes a source of local irritation which appears to favor the occurrence of this condition. Ears plugged with wax, large tonsils and adenoids, nasal growths, may all be responsible and should be looked for. The mental effect of slight surgical procedures, when really indicated, is a great advantage.—*Int. Jour. of Surgery.*

OPHTHALMOLOGY.

New Points in Color-Blindness.—It has usually been held that all except about three or four per cent. of mankind possess normal color perception; that is, that they agree in seeing colors alike in the way we consider them to normally exist. It has been admitted that very slight variations might exist beyond these limits, but that they are too insignificant to require consideration. Unlike other peculiarities of vision, color-vision is esteemed as practically uniform in the mass of mankind. According to recent studies by Prof. Ogden H. Rood, whose former work on colors is well known, there is really no such uniformity, and individuals vary as much in this as they do in the other niceties of visual perception. From an editorial abstract of his work in the *Post-Graduate* for October, we learn that with the use of the Flicker photometer, a new instrument for measuring color-perception, Rood finds that no two agree in this respect, and that the variations are quite striking even in persons ordinarily considered as normal in their color-vision. Taking the average of eleven individuals selected for the experiments as the normal figure and reckoning it as 100, he found only three of them whose perception reached the average standard for red, three for violet-blue, and five for green, and that the defects varied for these respective colors from one to nearly twenty per cent. The females varied from the standard as much as the males as regards green perception, though exceeding them as regards the other two colors. The number of cases examined in this study is small, but they were carefully selected and observed, and justify the claim of Professor Rood, that no man or woman is thoroughly qualified to

do color work until his or her color-vision has been tested, and apparently this will have to be done by such an apparatus as the Flicker photometer, with which he detected these variations. The question of color-blindness is one that calls for considerable study even yet, not merely for its scientific interest, but also on account of the practical points involved. Professor Rood's results will suggest some further investigation of the problems of color defect; with special reference to railway and steamship service, and may possibly lead to more perfect and satisfactory methods and standards than those now in use.—*Jour. A. M. A.*

GENITO-URINARY DISEASES.

Albuminuria in Young Men.—H. W. Syers claims that in the case of young men between the ages of fifteen and twenty or twenty-five years, albuminuria is often found which is not a symptom of renal disease. As albuminuria can be induced in perfectly healthy and robust individuals by exposure to cold, the author holds that many of these cases are due to chilling of the surface of the body, as in open-air bathing. Why albumin should appear more readily in the urine in some cases than in others in which the same exciting cause is present can be explained only on the same principle as the well-known tendency of some people to catarrh on the least exposure. When examination shows entire absence of the renal heart (hypertrophy of the left ventricle, reduplication of the first or accentuation of the entire second sound), a pulse of normal tension, and no edema or dyspnea, then, if there are no casts, it is in the highest degree probable that the kidneys are perfectly sound. Of course it is possible that if the patient is likely, from carelessness or necessity, to be repeatedly subjected to the chilling process, what is at first merely an ordinary stasis in the kidney might, by constant repetition, become a renal inflammation.—*The Clinical Journal.*—*Med. Rec.*

DISEASES OF THE NOSE, THROAT AND EARS.

Care of Ear in School Children.—Dr. Louis J. Lautenbach, of Philadelphia, read a paper, before the American Medical Association entitled "Care of the Ear in School Children." He emphasized the usefulness of good hearing in any kind of mental work. Many supposedly stupid children are really simply children with impaired hearing. Statistics show that a con-

siderable percentage of school children have some defect in hearing and vision. Dr. Allport has devised a system in which the principal and teachers of a school examine the functions of the eyes and ears of the pupils. The speaker exhibited the blanks which are used for this purpose in Chicago and other cities. The value of these examinations is that they call attention to the existence of defects and thus prevent neglect. A frequent cause of ear trouble in children is lesions in the nose and throat. The practice of scrubbing the ears and nasal douches are harmful rather than useful. In children under six years of age the Eustachian tube is so wide that liquid can get into the middle ear when swallowed. Over 50 per cent of all cases of ear disease occur in children under ten years of age. The nose and throat of school children must be examined, and the conditions found must be treated in order to prevent ear complications.

PROCTOLOGY.

Fistula in Ano; Its Relation to Phthisis.—S. G. Gant (*Medical Record*), in discussing the relations of fistula in ano to phthisis, says:

Tuberculous fistula of the anus is usually secondary to tuberculous disease of the lungs.

Pulmonary phthisis is rarely, if ever, secondary to fistula in ano, either before or after operation.

Tuberculosis of the anal region should be dealt with radically, as is recommended when it attacks other parts.

When the patient's general condition will permit, we should operate on all fistulæ irrespective of the kind.

We should not refuse to operate on persons suffering from a mild form of phthisis, nor on those who give a family history of tuberculosis. Certainly, if we arrest one destructive process, nature is all the more capable of dealing with the other.

The author believes that those patients operated upon for tuberculous fistula, and those that are non-tuberculous complicated by phthisis, who rapidly decline and die, do so as the result of an inflammation of the lungs induced by the anesthetic, especially ether. Such accidents have not followed any of the operations which he has made under local anesthesia.

Lastly, Gant believes we are justified in discarding the erroneous teachings of writers who believe that the cure of a fistula will result in a development of phthisis.—*Ex.*

TERATOLOGY.

A Peculiar Monstrosity.—Dr. Garthright reports: On the 7th of July, I received a message to call on Mrs. N. who was parturient. When I reached her she was having active labor pains and the os uteri was thoroughly dilated. Shortly after my arrival the pains ceased and did not return until I had ruptured the bag of waters. Immediately following the rupture of the membranes a very large quantity of water ran away, an hydramnios existing. In a short while I delivered, by the breach, a male infant weighing six pounds. It gasped a few times and died. The child was well developed, except as described below. The os frontis extended almost to the superior lip. The space where the eyes should have been was as firm and smooth as the centre of the forehead. About half an inch above the mouth there was a short slit which on being extended showed an imperfectly developed eye. The mouth was very small, and resembled that of a rat. Inside the oral cavity were a number of small teeth.—*Med. Register.*

MEDICO-LEGAL.

The Right of a Hospital to Discriminate in the Reception of Patients.—It is stated in *The Sun* that a medical controversy, growing out of the custom of club practice, is about to be carried into the courts of Massachusetts at Springfield. The Hampden County Medical Association has expressed its disapproval of this practice, insisting that no special arrangements for charging less than the ordinary fees should be made with medical clubs, lodges, and other benevolent organizations; but the societies have found no difficulty in securing the services of physicians who agreed to treat their members for a stipulated sum per annum. A patient who was sent by one of these contract physicians to the Mercy Hospital in Springfield was refused admission to that institution unless the doctor in attendance withdrew from the case, which he finally consented to do for the sake of the patient, who required treatment which could be afforded only at a hospital. A suit will now be brought to ascertain whether the hospital staff could lawfully take this action under its charter, which provides that all patients shall be treated there who are brought to the institution by reputable physicians.—*Med. Rec.*

BOOK REVIEWS.

A Practical Treatise on Medical Diagnosis. For Students and Physicians. By JOHN H. MUSSER, M.D., 8vo., pp. 1105. Fourth Edition, Revised and Enlarged. Illustrated with 250 Woodcuts and 49 Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$6.00 net; leather, \$7.00 net; half morocco, \$7.50 net.

Almost every one is acquainted with the magnificent work of Musser, the able and talented professor of clinical medicine in the University of Pennsylvania. The book has been very popular, as is attested by the fact of a call for a fourth edition, a copy of which is before us. A very cursory inspection will show that it has been enlarged, and a closer examination will bear evidence of the thorough revision which it has undergone. The author is very serious in his work and constantly aiming to make this treatise more thorough. Not only has the paramount idea been to enable the physician to make the diagnosis of a disease or of a complication of diseases accurately, but also to establish the *health-value* of a patient. A close study of his teachings will enable the student to do this, and also to establish the diagnosis in a way both positive and scientific. The objective method here elaborated is precise and does not permit any error to creep in, as would be the case with the personal equation attaching to all subjective symptoms obtruding itself upon the examiner.

All the modern methods of examination are together given, with their methods of application as well as the rational deductions to be made from the showings which are obtained. And yet these are not such as can only be found in the laboratories of large universities, but rather such as any physician may have. In fact, the author's idea is for every physician to have and own his private laboratory, in which he can make all his investigations. Such would not take much room and yet be of sufficient size to permit bacteriological, chemical and microscopic investigations. In other words, it would constitute the scientific workshop of an intelligent physician. To one, the possessor of such a laboratory, the book before us would be an incentive to constant work and original investigations. And to one not the possessor of such a useful annex to his office, it will prove a very strong incentive to procure such an one; and in this manner he will perfect himself in one of the most important essentials of his profession.

Much attention has been paid to the diagnosis of diseases of the heart, the lungs and the liver. All the pathological conditions found are detailed in so far as is necessary to establish a

diagnosis, and a large number of colored diagrammatic plates is given to render the subject clear and lucid. Added to this we have a chapter not sufficiently insisted upon by other author's on the subject of diagnosis. We wish to refer to the diseases and tumors of the mediastina. These have been too much neglected or ignorantly relegated to the "thoracic cavity," a term too comprehensive and indefinite in its application. And yet these affections are very important and rather difficult to positively determine and locate. The author is very thorough in his treatment of this subject, and will lead his readers into new lines of thought and investigation if they follow him closely.

As a matter of fact, this treatise is a real necessity to physicians who desire to perfect themselves in their profession, and to students who wish to enter upon practice without being handicapped at the very start. Musser's Medical Diagnosis is modern, reliable and scientific, and it will make him who studies it possess the same qualities. It is the leading and standard book on the subject and has established a lasting place for itself in medical literature. It is really a classic, as it certainly deserves to be.

The publishers have made a handsome volume of the treatise. It is well printed on good paper; it is well bound, and the illustrations and plates are numerous, well chosen and of superior execution.

A Manual of Materia Medica and Pharmacology. Comprising all organic and inorganic drugs which are and have been official in the United States Pharmacopœia, together with important allied specifics and useful synthetics, especially designed for students of pharmacy and medicine, as well as for druggists, pharmacists and physicians. By DAVID M. R. CULBRETH, Ph.G., M.D. Second edition, enlarged and thoroughly Revised. 8vo., pp. 885. With Four Hundred and Sixty-four Illustrations. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$4.50 net.

This is a superior work upon materia medica, which has already met with much favor at the hands of both medical and pharmaceutical students as well as physicians and pharmacists. It is written upon a very rational plan, the author having endeavored to associate as nearly together as possible "those substances, organic and inorganic, which have a common or allied origin, allowing those next related to follow in regular order, the basal or parental source thus being kept paramount." This is certainly the natural method, and the one which would readily recommend itself to the reader. The work is, of course, a compend for ready reference and it readily recommends itself for this purpose.

In this edition the author has made particular mention of the physiological action of drugs. The more modern and reformed

plant nomenclature has been adopted, yet that of the U. S. Pharmacopœia has been very judiciously enclosed in brackets so as not to lead the reader into error or mystify him by new terms. The metric system is employed throughout this work, the equivalents in apothecaries' weights being always added. It may be said, in a few words, that the author has brought his book up to date and is inclined to follow the most modern methods. The more modern hydrocarbon compounds receive full consideration, but hardly all of them, as their name is legion and they have not been all accepted and obtained places even in the unofficial pharmacopias.

In Part VI of the book before us we have the microscope and its use in *materia medica* considered, and this is certainly a most useful as well as practical chapter although it is but a mere indication to lines of further study. What we desire to particularly approve is the insertion of a large number of illustrations of plants and crude drugs, for they are of particular benefit to physicians and pharmacists alike. Whilst they merely indicate forms they are of no mean value in this respect and help to impress upon the reader certain facts which may in time be forgotten.

The book is a useful compend and deserves to be consulted by those in doubt. It is modern and, from what we have seen, thoroughly reliable.

LEA'S SERIES OF POCKET TEXT BOOKS.

Obstetrics. A manual for Students and Practitioners. By DAVID JAMES EVANS, M.D. Series edited by BERN B. GALLAUDET, M.D. 12mo., pp. 430. Illustrated with One Hundred and Forty-nine Illustrations. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.75 net; full flexible leather, \$2.25 net.

The author of this little text-book has certainly filled his task most excellently. Being intended for students in medicine and young practitioners, physiology and normal labor have been dilated upon and the rarer complications of labor have been very judiciously omitted. The ordinary complications are mentioned and the best sort of treatment advocated. The author has had quite an experience in obstetrics, and he is very well qualified to handle his subject in a proper manner as well as one apt to prove profitable to his readers.

The author has not considered the physiology and pathology of the newborn, as this is to be discussed in the volume on Pediatrics, belonging to this series. The book is concise and clear, and is full of practical information whose value is enhanced by the numerous and appropriate illustrations which are given.

The mechanical work is uniform with the other volumes of the series which have appeared and it reflects great credit on the publishers.

LEA'S SERIES OF POCKET TEXT- BOOKS.

Eye, Ear, Nose and Throat. A Manual for Students and Practitioners. By WILLIAM LINCOLN BALLINGER, M.D., and A.G. WIPPERN, M.D. Series edited by BERN. B. GALLAUDET, M.D. 12mo., pp. 511. Illustrated with One Hundred and Fifty Engravings and Six Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$2.00 net; flexible red leather, \$2 50 net.

Like the other volumes of this series, this is a compendious volume replete with information of that sort needed by the student and practitioner. The authors are fully qualified to write upon the subjects they have chosen, and they have done so in a manner which makes the book before us a valuable one for ready reference. It has been a very judicious idea to incorporate the four important subjects in one volume, for many in the smaller cities treat the diseases of the eye, ear, nose and throat. We have read this book with pleasure and find that the principles therein taught are sound; and whilst it might prove unsatisfactory to a specialist in any single one of these organs and its diseases, to the one engaged in general practice or studying it will be found of great value and usefulness. We can heartily recommend the volume as one of the best of the series which has appeared, and in our estimation it will meet with a large and deserved sale.

The publishers have certainly furnished a good book in this volume.

Manual of the Diseases of the Eye. For Students and General Practitioners. By CHARLES H. MAY, M.D. 12mo., pp. 406. With 243 Original Illustrations, including 12 Colored Pictures. [New York: William Wood and Company. 1900.

This is one of the best manuals on eye diseases we have had the pleasure of seeing in some time. The author has made this a concise and practical manual which will readily recommend itself to general practitioners. What we particularly desire to commend is the originality of the work. All the illustrations are so, with the possible exception of those depicting instruments. So far as the text is concerned, it is written in a very clear and intelligible style. In fact, it is a most handy and useful little book of which to make a vade-mecum as it can be easily carried in the pocket.

The author disposes of his subject in twenty-six chapters, and as this is done in a very systematic way he fairly covers every point. In addition to this a very full index has been added, and this facilitates ready reference to any subject upon which information may be desired. We are surprised that in such a thorough work zoster ophthalmicus should not receive mention,

especially on account of the danger of possible perforation of the cornea; this is an omission we have noticed in the hand-books and manuals devoted to diseases of the eye, and perhaps the authors of those works relegate it to dermatologists.

The book before us is most excellent and deserves a large sale. The publishers have issued it in attractive form.

Stringtown on the Pike. A Tale of Northernmost Kentucky.

By JOHN URI LLOYD. 12mo., pp. 414. With Illustrations. [New York: Dodd, Mead & Co. 1900. Price, \$1.50.

The author of this charming novel is a pharmacist and a well-known chemist. He is no novice as a novel writer, having created quite a sensation with "Etidorpha." In the present story he combines humor with pathos and fills with interest a part of Kentucky which is but little known. Throughout the thread of his story he has woven many traditions and folk-lore stories, and his delineation of the Kentucky negro is chiselled with a master hand. As the *Bookman* says: "Stringtown on the Pike is a novel that none but an American could write. It is drenched with the American spirit and rooted in American traditions. It is a work that could only be produced by one who has brooded long and patiently over the types and forms which are unified into a drama of American life on a large scale."

We anticipate that it will meet with a large success at the hands of all readers, but more particularly those interested in reminiscences of the Civil War.

Transactions of the American Ophthalmological Society.

Thirty-Sixth Annual Meeting. Washington, D. C., 1900.

8vo., pp. 200. [Hartford: Published by the Society. 1900.

As usual, these Transactions come to us well printed, handsomely illustrated and replete with interesting papers of a high order of merit. It would be a rather difficult matter to select certain papers and accord them pre-eminence over others. Dr. C. A. Oliver reports an interesting case of removal of a retro-bulbar lymph-sarcoma with preservation of normal vision. Dr. A. E. Ewing adds an interesting chapter to the subject of headaches of ocular origin, in a paper wherein he speaks of the recognition and treatment of headaches of apparently ocular, but really of nasal origin. A very interesting paper is that on opacity of the posterior capsule of the lens, due to the remains of the membrana vasculosa lentis, by Dr. A. G. Thompson. Sarcoma of the Eyelid, with report of a case, by Dr. H. Friederwald, and Papiloma on the Plica Semi-lunaries, by Dr. G. E. DeSchweinitz, are very interesting clinical reports.

This volume of Transactions will be highly prized, not only by the members of the society but by all ophthalmologists who may be so fortunate as to obtain a copy. The editorial work has been well done and the mechanical execution is simply superb.

Transactions of the American Otological Society. Thirty-Third Annual Meeting. Washington, D. C., May 1, 1900. Vol VII., Part III. 8vo., pp. 363-471. [New Bedford, Mass.: Published by the Society. 1900.

Whilst these Transactions are not extensive they possess more than ordinary interest to the otologist. Whilst but seven papers are embraced in its pages, each one is valuable and full of suggestions. Thus Dr. Herman Knapp's report of a case of caries of the mastoid and petrous portions of the temporal bone, operated and followed with recovery and restoration of perfect hearing, is of more than ordinary interest. More than ordinary interest attaches to a report of a cure of pneumococcic perisinusitis by Dr. Edward Friedenbergl. Chronic Ear Vertigo; its mechanism and surgical treatment, is a well considered contribution to otology, by Dr. Charles H. Burnett. Dr. B. Alexander Randall also makes a valuable contribution in his paper on the Clinical Anatomy of the Eustachian Tube.

As is customary in these Transactions, the volume closes with a complete otological bibliography for the past year, which is arranged alphabetically according to authors—a method which we consider inferior to one according to subjects. The volume is well edited and is a merit to the Society which issues it.

International Clinics.. A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and Other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession Throughout the World. Edited by HENRY W. CATTELL, A.M., M.D., with the Collaboration of JOHN B. MURPHY, M.D., ALEXANDER B. BLACKADER, M.D., H. C. WOOD, M.D., T. M. ROTCH, M.D., E. LANDOLT, M.D.; THOMAS G. MORTON, M.D., and CHARLES H. REED, M.D. With Regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. Vol. III., Tenth Series. 1900. 8vo.; pp. 301. Illustrated. [Philadelphia: J. B. Lippincott Company. 1900. Price, \$2.00 per volume.

As we stated on a former occasion, this publication has begun to steadily improve, and a glance at its contents will confirm this assertion. As will be seen from the above, the latest title, a number of collaborators have been added to fill up the vacancies caused by the deaths of Drs. Ashhurst, Jr., and Whittaker. The new accessions are well-known authors, and they will add a great deal of strength to the International Clinics' editorial staff. The change already brought about may be seen in the volume before us. It opens with a most interesting symposium of genito-urinary diseases. The contributors are well-known writers on

this subject, and the list of their names includes such well-known authors as Drs. Ferdinand C. Valentine, L. Duncan Bulkley, Alfred Fournier, Bransford Lewis, William S. Gottheil, Geo. Peabody, and Edward D. Fisher. Among the subjects taken up are Aseptic Urethral Instrumentation, Extragenital Chancres, the Treatment of Soft Chancres, Syphilitic Hepatitis, Syphilis of the Nervous System, etc.

Respiratory Gymnastics for Tubercular Patients is excellent, and reflects credit on its author, Dr. Armand Lagrange. Dr. Fr. Rubenstein makes a good contribution to the Pathology and Treatment of Epilepsy, whilst the subject of Degeneracy is well handled by Dr. G. L. Walton, and its careful reading will lead the thoughts of the reader into new channels.

There are but five articles and lectures devoted to surgical topics, but they are above the average, which would be easily surmised when it is considered that the authors are Drs. Willy Meyer, William L. Robinson, Charles H. Knight, Robert T. Morris, and Howard Lilienthal. In the department of Obstetrics and Gynecology a most excellent contribution is that on Secondary Post-Partum Hemorrhage, by Dr. John W. Ballantyne. Phlegmasia Alba Dolens, by Dr. A. Pinaud, is a thoughtful study of the subject; and the Uncontrollable Vomiting of Pregnancy is handled in a thorough manner by Dr. A. Brissard. Dr. L. Webster Fox is the author of one of the best contributions in this volume, on Injuries over the Eyelids and Eyeballs.

The Use and Care of the Microscope, by Dr. William C. Krauss, contains much valuable information of a technical nature, and can be read with much profit by all who wish to use a microscope. The concluding article is a monograph of 65 pages on the Scientific Modification of Milk, by Dr. Thompson S. Westcott. This is a scientific study of the subject by one who is thoroughly familiar with all its phases.

This volume is richly illustrated with five plates and figures, and is a miracle of cheapness at the price at which it is offered. It is really a credit to both the editor and the publishers.

A Manual of Hygiene and Sanitation. BY SENECA EGBERT, A.M., M.D. Second Edition. Enlarged and Thoroughly Revised. 12mo., pp. 435. Illustrated with Seventy-Seven Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$2.25 net.

This little work is a true embodiment of the *utile cum dulce*. The first edition appeared but two years ago, and already a new edition is required. This is certainly good evidence of the value of this manual. The author has succeeded in making his book interesting almost to the degree of fascination. A careful perusal of its pages will easily demonstrate the care which has been taken by the author in its revision. We are pleased to note the

introduction of the chapter on military hygiene, and the quotations from Victor C. Vaughn's "Oration on State Medicine" before the annual meeting (1900) of the American Medical Association; both are pertinent and instructive. The two last chapters of this book are of more than ordinary value, being devoted to vital statistics, and to the examination of air, water, and food. In fact, throughout this manual there is so much of value that it would be rather invidious to laud one chapter above another. The contents are such as to recommend the book to every physician, and it still readily gains favor with teachers as a good and thorough text-book for medical students to use.

The book is well gotten up, and contains just those illustrations which will elucidate the text, and in sufficient number to arouse an increased interest in hygiene and sanitation, the two most important studies in a medical curriculum.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

A Practical Treatise on Medical Diagnosis. For Students and Physicians. By John H. Musser, M.D. 8vo., pp. 1105. Fourth Edition, Revised and Enlarged. Illustrated with 250 Woodcuts and 49 Colored Plates. [Philadelphia and New York: Lea Bros. & Co. 1900. Price, cloth, \$6.00 net; leather, \$7.00 net; half morocco, \$7.50 net.

A Manual of Materia Medica and Pharmacology. Comprising all Organic and Inorganic Drugs, which are and have been offered in the United States Pharmacopœia, together with Important Allied Species and Useful Synthetics, especially designed for Students of Pharmacy and Medicine, as well as for Druggists, Pharmacists and Physicians. By David M. R. Culbreth, Ph.G., M.D. Second Edition, Enlarged and Thoroughly Revised. 8vo., pp. 885. With Four Hundred and Sixty-four Illustrations. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$4.50 net.

LEA'S SERIES OF POCKET TEXT-BOOKS.

Obstetrics. A Manual for Students and Practitioners. By David James Evans, M.D. Series edited by Bern. B. Gallaudet, M.D. 12mo., pp. 430. Illustrated with One Hundred and Forty-nine Illustrations. [Philadelphia and New York: Lea Brothers

& Co. 1900. Price, cloth, \$1.75 net; full flexible leather, \$2.25 net.

Eye, Ear, Nose, and Throat. A Manual for Students and Practitioners. By William Lincoln Ballinger, M.D., and A. G. Wipperfurth, M.D. Series edited by Bern. B. Gallaudet, M.D. 12mo., pp. 511. Illustrated with One Hundred and Fifty Engravings and Six Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$2.00 net; flexible red leather, \$2.50.

Manual of the Diseases of the Eye. For Students and General Practitioners. By Charles H. May, M.D. 12mo., pp. 406. With 243 Original Illustrations, including 12 Colored Pictures. [New York: William Wood & Co. 1900.

Stringtown on the Pike. A Tale of Nothernmost Kentucky. By John Uri Lloyd. 12mo., pp. 414. With Illustrations. [New York: Dodd, Mead & Co. 1900. Price \$1.50

Transactions of the American Ophthalmological Society, Thirty-sixth Annual Meeting, Washington, D. C., 1900. 8vo., pp. 200. [Hartford: Published by the Society. 1900.

Transactions of the American Otological Society. Thirty-third Annual Meeting, Washington, D. C., May 1, 1900. Vol. VII., Part III. 8vo., pp. 363-471. [New Bedford, Mass.: Published by the Society. 1900.

International Clinics. A Quarterly of Clinical Lectures and Specially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners, by leading members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., with the Collaboration of John B. Murphy, M.D., Alexander D. Blackader, M.D., H. C. Wood, M.D., T. M. Rotch, M.D., E. Landolt, M.D., Thomas Morton, M.D., and Charles H. Reed, M.D. With Regular Correspondents in Montreal, London, Paris, Leipsig and Vienna. Vol. III., Tenth Series, 1900. 8vo., pp. 301. Illustrated. [Philadelphia: J. B. Lippincott Co. 1900. Price, \$2.00 per volume.

A Manual of Hygiene and Sanitation. By Seneca Egbert, A.M., M.D. Second Edition, Enlarged and Thoroughly Revised. 12mo., pp. 435. Illustrated with 77 Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$2.25 net.

The Medical Adviser is the name of the successor to the *St. Louis Medical Gazette*. Dr. P. G. Paugh is editor. We wish it success, although it already claims a large circulation.

The Medical News Visiting List for 1901 is published by Messrs. Lea Brothers & Co., of Philadelphia and New York.

Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 130 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, \$1.25. Thumb-letter index 25 cents extra. Probably the best and most convenient of the many publications of this nature is the Medical News Visiting List. Its blank pages are arranged to classify and record memoranda and engagements of every description occurring in the practice of the physician, surgeon or obstetrician. The work opens with 32 pages of printed data of the most useful sort, including an Alphabetical Table of Diseases with Approved Remedies, a Table of Doses, Sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, a Diagnostic Table of Eruptive Fevers, and a full-page plate showing at a glance the incisions for ligation of the various arteries, an invaluable guide in such emergencies. The Medical News Visiting List is issued in four styles, adapted to any system of records and any method of keeping professional accounts. It is printed on fine, tough paper, suitable for pen or pencil, and durably and handsomely bound in the size of a wallet for the pocket. When desired a Ready Reference Thumb-letter Index is furnished, which is an economizer of time.

Medical Talk will hereafter be a monthly instead of a quarterly. The size of the journal is not to be reduced either, and the price asked for the journal is not to be raised.

Department of Public Health, of Newark, N. J., has just issued its Annual Report for the year 1899, and it could certainly serve as an example to follow to larger municipalities. It is thorough, gotten up in a systematic manner, and reflects credit alike on the Board of Health and Mr. David D. Chandler, the efficient Health Officer of that city. Dr. H. C. H. Herold, the President of the Board of Health, has written a valuable and carefully considered report on typhoid fever. We are pleased with the document.

Bulletin of the Harvard Medical Alumni Association No. 15 has just reached us. It contains a report of the tenth annual meeting, held in Boston, June 26, 1900. There are given the addresses made at the annual dinner, beginning with that of David W. Cheever, the President. The speakers were Dr. William J. Councilman, James R. Chadwick, George S. Derby, and Clarence J. Blake. All the speeches are good and are dominated by that *esprit de corps* which has always characterized the alumni of Harvard University.

MELANGE.

To Prevent Mixing-up Babies.—The physicians of Johns Hopkins Hospital employ this plan to prevent the mixing-up of the newly-born in the obstetrical wards. A square of water-proof adhesive plaster, on which is written the baby's name, is applied tightly between the shoulder blades. This remains secure until the baby and its mother leave the hospital, when it is pulled off without giving the infant pain.—*Ex.*

The "Profitess" of Christian Science.—The miracle-working "she" of the present day, the "profitess" of "Christian Science," has made an exhibition of herself at a local fair at Concord, N. H., sharing the attention of the public with a high diver. This is supposed to put at rest the suspicions ventured by some that "mortal mind" had got the best of her to the extent that decomposition had set in, as it has with so many of her believers. This fact was sent, with details of her procession around the race course escorted by the marshals of the fair, by special telegram to the Chicago *Times-Herald* for the satisfaction of her western devotees. The alleged reason of the "profitess'" emergence was her human but unsanctified interest in seeing the diver jump from a height of eighty feet into five feet of water, with the chance of breaking his neck.—*Jour. A. M. A.*

A Disreputable Trick.—Ever since the disastrous fire from which Messrs. M. J. Breitenbach Co. suffered so severely, some individual has been endeavoring to push a spurious imitation of Gude's Pepto-Mangan, which has earned for itself an enviable reputation as a good and reliable medicinal preparation. Whilst the individual alluded to has tried to persuade the medical and pharmaceutical professions that his preparation is *ethical* and the one handled by the Breitenbach Co. is *not*, he has had no success. But since the fire, when the literature of the Breitenbach Co. was burned, he has been more active. Fortunately there is plenty of Gude's Pepto-Mangan on hand, and we would warn all our readers to continue using the genuine and not the spurious. Like all imitations, it is inferior to the genuine article and cannot produce the same desirable results.







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